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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 705947

1. Corporation Name

GARDEN TERRACE APTS. NO. 6, INC.

530238 - 90089 - 3 8 *

Principal Place of Business
 1400 S. 19TH AVE.
 HOLLYWOOD FL 33020-6361

Mailing Address
 1400 S. 19TH AVE.
 HOLLYWOOD FL 33020-6361



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/24/1963

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-2949190

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYER, JOSEPHINE
 1400 S. 19TH AVE.
 HOLLYWOOD FL 33020

81 Name CLARA O'DONNELL
 82 Street Address (P.O. Box Number is Not Acceptable)
 1400 S 19th AVE
 83
 84 City HOLLYWOOD FL 85 Zip Code 33020

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, J	
STREET ADDRESS	1400 S 19TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TOMASELLI, OLLIE	
STREET ADDRESS	1400 S. 19 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUCANIA, VIRGINIA	
STREET ADDRESS	140 S. 19TH AVE., #8	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	O'DONNELL, C	
STREET ADDRESS	1400 S 19TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	O'DONNELL, CLARA	
1.3 STREET ADDRESS	1400 S 19TH AVE	
1.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TOMASELLO, OLLIE	
2.3 STREET ADDRESS	1400 S 19th AVE.	
2.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TOMASELLO, OLLIE	
4.3 STREET ADDRESS	1400 S 19th AVE	
4.4 CITY-ST-ZIP	HOLLYWOOD, FLA 33020	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Virginia M. Suranial*

SIGNATURE REQUIRED PRES.

5/1/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)