


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708478** (3)

1. Corporation Name

C'EST LA VIE APARTMENT ASSOCIATION, INC.



Principal Place of Business 1800 NORTH 16TH AVENUE HOLLYWOOD FL 33020	Mailing Address 1800 NORTH 16TH AVENUE HOLLYWOOD FL 33020-2548
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/12/1965	3a. Date of Last Report 03/05/1996
4. FEI Number 59-1110527		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SWEM, BETTY 1800 N. 16TH AVENUE, APT. 6 HOLLYWOOD FL 33020				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code	

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 *Betty Swem* (NOTE: Registered Agent signature required when reinstating) DATE **3-12-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLEMAK, JOAN		1.2 NAME	HAROLD WEBSTER			
STREET ADDRESS	4844 WEST 51ST		1.3 STREET ADDRESS	1925 PARK VALLEY DR			
CITY-ST-ZIP	CHICAGO IL 60632		1.4 CITY-ST-ZIP	COLUMBUS, IN. 47203			
TITLE	TV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	OLGA MISKOVIC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUMFORD, KENNETH		2.2 NAME	3211 BROWNS LAKE DR			
STREET ADDRESS	150 BEACHWOOD		2.3 STREET ADDRESS	BURLINGTON, WI 53205			
CITY-ST-ZIP	SCOTTSBURG IN 47170		2.4 CITY-ST-ZIP				
TITLE	TRST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST/ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUMMINGS, KATHLEEN		3.2 NAME	KAROL VEZZANI			
STREET ADDRESS	7422 N. US #31		3.3 STREET ADDRESS	3990 SE ROETTE RD			
CITY-ST-ZIP	SEYMOUR IN 47274		3.4 CITY-ST-ZIP	MILWAUKIE, OR 97267			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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.

SIGNATURE *Karen A. Voth* DATE **3/12/97**

CR2E037 (9/96)