


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90178 015 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708478

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1965	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1110527	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SWEM, BETTY 1800 N. 16TH AVENUE, APT. 6 HOLLYWOOD FL 33020				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
FL					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	TP	<input type="checkbox"/> DELETE			
NAME	WEBSTER, HAROLD				
STREET ADDRESS	1925 PARK VALLEY DR				
CITY-ST-ZIP	COLUMBUS IN				
TITLE	TV	<input type="checkbox"/> DELETE			
NAME	MISKOVIC, OLGA				
STREET ADDRESS	3211 BROWNS LAKE DR				
CITY-ST-ZIP	BURLINGTON WI				
TITLE	1981 Sec	<input type="checkbox"/> DELETE			
NAME	VEZZANI, KAROL				
STREET ADDRESS	3990 SE ROETHE RD				
CITY-ST-ZIP	MILWAUKIE OR				
TITLE	TREASURER	<input type="checkbox"/> DELETE			
NAME	DAROTHY WEBSTER				
STREET ADDRESS	128 Jeremy DR				
CITY-ST-ZIP	Frankfort, KY 40601				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/198)