CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 10 PM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709349 (5)

1. Corporation Name
ANDORIC APTS., INC.

Principal Place of Business	Mailing Address
901 SOUTH SURF ROAD #607 HOLLYWOOD FL 33019	901 SOUTH SURF ROAD #607 HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1965
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2608163 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PASTORE, NEDA
901 SOUTH SURF ROAD
#607
HOLLYWOOD FL 33019-2115

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X Neda Pastore NEDA PASTORE, TREASURER 3-1-95
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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	SARNO, ALEX	1.2 NAME	✓
STREET ADDRESS	901 S. SURF ROAD. #306	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP	
TITLE	~~SD~~	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	HOFFMAN, BARRY LEE	2.2 NAME	Title
STREET ADDRESS	901 S. SURF ROAD #504	2.3 STREET ADDRESS	-Same-
CITY-ST-ZIP	HOLLYWOOD FL 33019	2.4 CITY-ST-ZIP	
TITLE	~~PD~~	3.1 TITLE	SD ☐ Change ☒ Addition
NAME	~~MEROLO, JOHN~~	3.2 NAME	GERALD PASCARELLI
STREET ADDRESS	~~901 S SURF RD #400~~	3.3 STREET ADDRESS	901 S SURF Road # 301
CITY-ST-ZIP	~~HOLLYWOOD FL~~	3.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	PASTORE, NEDA	4.2 NAME	✓
STREET ADDRESS	901 S. SURF ROAD #607	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	4.4 CITY-ST-ZIP	
TITLE	~~VD~~	5.1 TITLE	VD ☒ Change ☒ Addition
NAME	~~DEBAUN, ROBERT~~	5.2 NAME	JOHN VAN MANNEKES
STREET ADDRESS	~~901 S. SURF ROAD #308~~	5.3 STREET ADDRESS	901 S. SURF Road # 602
CITY-ST-ZIP	~~HOLLYWOOD FL~~	5.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Barry Lee Hoffman 3/1/95 Date 305-923-9644 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Barry Lee Hoffman

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