

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
07/23/1965

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1503, 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

Neda Pastore

NEDA PASTORE, Treasurer

3-8-96

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

(NOTE: Registered Agent signature required when restate agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SARNO, ALEX	
STREET ADDRESS	901 S. SURF ROAD. #306	
CITY - ST - ZIP	HOLLYWOOD FL 33019	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, BARRY LEE	
STREET ADDRESS	901 S. SURF ROAD #504	
CITY - ST - ZIP	HOLLYWOOD FL 33019	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PASCARELLI, GERALD	
STREET ADDRESS	901 S SURF ROAD #301	
CITY - ST - ZIP	HOLLYWOOD FL 33019	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PASTORE, NEDA	
STREET ADDRESS	901 S. SURF ROAD #607	
CITY - ST - ZIP	HOLLYWOOD FL 33019	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VAN MANNEKES, JOHN	
STREET ADDRESS	901 S. SURF ROAD #602	
CITY - ST - ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROSTON CLARK	
1.3 STREET ADDRESS	901 S. SURF ROAD. #303	
1.4 CITY - ST - ZIP	HOLLYWOOD FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	PD	
2.2 NAME	VAN MANNEKES, JOHN	
2.3 STREET ADDRESS	901 S. SURF ROAD #602	
2.4 CITY - ST - ZIP	HOLLYWOOD FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MEROLO, JOHN	
5.3 STREET ADDRESS	901 S. SURF ROAD #408	
5.4 CITY - ST - ZIP	HOLLYWOOD FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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)(k), 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:

Neda Pastore NEDA PASTORE, Treas. 3/8/96 (305) 928-9874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)