


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 901 SOUTH SURF ROAD #607 HOLLYWOOD FL 33019	Mailing Address 901 SOUTH SURF ROAD #607 HOLLYWOOD FL 33019-2148
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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
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3. Date Incorporated or Qualified 07/23/1965	3a. Date of Last Report 03/15/1996
4. FEI Number 59-2608163/2	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent PASTORE, NEDA 901 SOUTH SURF ROAD #607 HOLLYWOOD FL 33019-2115	
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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 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 <i>Neda Pastore</i>	NEDA PASTORE	3-15-97
Signature, typed or printed name of registered agent and title if applicable		DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	CLARK, ROSTON
STREET ADDRESS	901 S SURF ROAD #303
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	VAN MANNEKES, JOHN
STREET ADDRESS	901 S SURF ROAD #602
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	PASCARELLI, GERALD
STREET ADDRESS	901 S SURF ROAD #301
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PASTORE, NEDA
STREET ADDRESS	901 S. SURF ROAD #607
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	MEROLO, JOHN
STREET ADDRESS	901 S SURF ROAD #408
CITY-ST-ZIP	HOLLYWOOD FL
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 checked="" type="checkbox"/> Addition
2.2 NAME	P.D. Nicholas Lupari
2.3 STREET ADDRESS	701 South Surf Rd #601
2.4 CITY-ST-ZIP	Hollywood FL 33019
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S.D. Banny Lee Hoffman
3.3 STREET ADDRESS	901 SOUTH SURF RD #504
3.4 CITY-ST-ZIP	Hollywood, FL 33019
4.1 TITLE	<input type="checkbox"/> Change <input 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	U.P.D. William Gondersten
5.3 STREET ADDRESS	901 SOUTH SURF RD #205
5.4 CITY-ST-ZIP	Hollywood, FL 33019
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 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: <i>Banny Lee Hoffman</i>	Banny Lee Hoffman	3/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE
		Daytime Phone # 0023511

CR2E037 (9/96)