

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
---	---

3. Date Incorporated or Qualified 07/23/1965	4. FEI Number 59-2608162	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
--	------------------------------------	---	---

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

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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**

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 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 *Neda Pastore* *Neda Pastore* *2/28/98*
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 CLARK, ROSTON 901 S SURF ROAD #303 HOLLYWOOD FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<i>Add zip code</i>
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>33019</i>
TITLE	PD LUPARI, NICHOLAS 901 S STUART RD #801 HOLLYWOOD FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<i>Correct Address</i>
STREET ADDRESS		2.3 STREET ADDRESS	<i>901 SOUTH SURF Rd #601 Hollywood, FL 33019</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>33019</i>
TITLE	SD HOFFMAN, BARRETT LEE 901 S STUART RD #504 HOLLYWOOD FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<i>Correct Address</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>901, SOUTH SURF Rd #504 Hollywood, FL 33019</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>33019</i>
TITLE	TD PASTORE, NEDA 901 S. SURF ROAD #607 HOLLYWOOD FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<i>Add zip code</i>
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>33019</i>
TITLE	VPD GORDESTEN, WILLIAM 901 S STUART RD #205 HOLLYWOOD FL	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		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<i>VPD John Menolo</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>901 SOUTH SURF Rd #408 Hollywood, FL 33019</i>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<i>33019</i>

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.

SIGNATURE: *[Signature]* *Benny G. Hoffman* *02/28/98* *927-9874*

CR2E037 (10/97)