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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709349

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

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/23/1965	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2608162	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

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 provisions of Sections 617.0502 and 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VPD
NAME	CLARK, ROSTON	1.2 NAME	DUSSAULT, Rodolfe
STREET ADDRESS	901 S SURF ROAD #303	1.3 STREET ADDRESS	901 S Surf Rd #503
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	PD	2.1 TITLE	
NAME	LUPARI, NICHOLAS	2.2 NAME	
STREET ADDRESS	901 SOUTH SURF RD, #601	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	HOFFMAN, BARRY Lee
NAME	HOFFMAN, BARRT LEE	3.2 NAME	
STREET ADDRESS	901 SOUTH SURF RD, #504	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
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	VPD	5.1 TITLE	
NAME	MEROLO, JOHN	5.2 NAME	
STREET ADDRESS	901 SOUTH SURF RD, #408	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	VPD
NAME		6.2 NAME	Menolo Vincent
STREET ADDRESS		6.3 STREET ADDRESS	901 S Surf Rd #407
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hollywood, FL 33019

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 (11/98)