FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:21

DOCUMENT # 712771 (5)

1. Corporation Name
SIR WILLIAM APARTMENTS, INC.

Principal Place of Business	Mailing Address
1701 BUCHANAN STREET P O BOX 22-3431 HOLLYWOOD FL 33020	1701 BUCHANAN STREET P O BOX 22-3431 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1967
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-1265688 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 1701 BUCHANAN ST.	26 1701 BUCHANAN ST.
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State HOLLYWOOD FL	28 City & State HOLLYWOOD FL
24 Zip 33020 25 Country USA	29 Zip 33020 30 Country USA

9. Name and Address of Current Registered Agent

LALONDE, RAYMOND
1701 BUCHANAN ST
APT 402
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: LECOURS, JOHANNE
82 Street Address (P.O. Box Number is Not Acceptable): 1701 BUCHANAN STREET
83: APT 702
84 City: HOLLYWOOD FL 85 Zip Code: 33020

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: JOHANNE LECOURS — JOHANNE LECOURS — FEBRUARY 02, 1995
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LALONDE, RAYMOND	1.2 NAME	LECOURS, JOHANNE	
STREET ADDRESS	1701 BUCHANAN ST #402	1.3 STREET ADDRESS	1701 BUCHANAN ST #702	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	DOERKSEN, EDMUND	2.2 NAME	TREMBLAY, EMILY	
STREET ADDRESS	1701 BUCHANAN ST #803	2.3 STREET ADDRESS	1701 BUCHANAN #304	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	NEMEY, CONSTANT	3.2 NAME	HENRY, ROLANDE	
STREET ADDRESS	1701 BUCHANAN ST #502	3.3 STREET ADDRESS	1701 BUCHANAN ST #601	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	TREMBLAY, AMELIE	4.2 NAME	JENSEN, FLETCHER	
STREET ADDRESS	1701 BUCHANAN ST #304	4.3 STREET ADDRESS	1701 BUCHANAN ST #501	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	SAINDON, ROGER	
STREET ADDRESS		5.3 STREET ADDRESS	1701 BUCHANAN ST #404	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HOLLYWOOD FL 33020	
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: LECOURS JOHANNE — JOHANNE LECOURS — 2-2-95 — (305) 925-0037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030028