1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

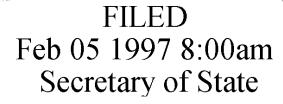
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751064

(7)

## MARJA APARTMENTS, INC.

Principal Place of Business	Mailing Address
202 so. federal hwy. Apt 1	202 SO. FEDERAL HWY. APT 1
Lake worth fl 33460	LAKE WORTH FL 33460-4260
Us	US



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us		US						
					3. Date Incorporated or Qualified 02/15/1980 3a. Date of Last Repo 04/15/1996			
2. Principal P	Place of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number		Applied For	
21		26			59-2088541		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.7	5 Additional		
22 27			5. Certificate of Status Desired Fee R		Required			
City & State City & State				6. Election Campaign Financing \$5.00 May Be			O May Be	
23		28			Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Countr	у	8. This corporation has liability for in	ntangible tax unde	г в. 199.032,	
24	25	29	30		Florida Statutes	Yes No		
	9. Name and Address of Curre	ent Registered Agent		•	10. Name and Address of New Reg	jistered Agent		
			B1	Name				
LAHTI, D	OONALD W		82	Street Ad	Idraes (P.O. Boy Number is Not Acceptable	(0)		
	202 SO. FEDERAL HIGHWAY APT 1			82 Street Address (P.O. Box Number is Not Acceptable)				
	ORTH FL 33460		83					
				<b> </b>				
			84	City		FL 85 Z	ip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Stat	utes, the abov	e-named co	orporation submits this statement for the pr	urpose of changing	g its registered	
office of r	registered agent, or both, in the Stati im fan <b>it</b> iar with, and accept the oblic	e of Florida. Such change wa: gations of⊶Section 617.0503. i	s authorized b Florida Statute	ly the corpor es.	ration's board of directors. I hereby accep	t the appointment	as registered	
	None ( 0 4)	Late			01	1/25/9-	7	
SIGNATURE	Signature by ed or printed name of registered as	gent and title if applicable. (N	OTE Registered Aç	ent signature rec	quired when reinstating)	DATE	<u>'</u>	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12	
TITLE	DC	DELETE	1.1 TITLE			Chang	ge	
NAME	LAHTI, DONALD		1.2 NAME					
STREET ADDRESS	202 S FED HWY APT 1		13 STREE	1 ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33460		1.4 C(TY-					
TITLE	DVC	DELETE	2.1 TITLE	31-61		Chang	ge [ Addition	
NAME	LEPPANEN, LASSE	7	2.2 NAME			Ondrig	jo radition	
	346 HOWARD ST.							
STREET ADDRESS	LAKE WORTH FL 33460			T ADDRESS				
CITY - ST - 7IP		DELETT	2. 4 CITY		5.12		. I Lane	
TITLE	D CUTTOECO MAVNE	☐ DELETE	3.1 TITLE	1	DVC,	Chang	ge Addition	
NAME	CUTTRESS, WAYNE		3.2 NAME	C	UTTRESS, WHYNE 1406 PRINCESS AVE			
STREET ADDRESS	2406 PRINCESS AVE		3.3 STREE	T ADDRESS	400 MINORS NOT	11/2		
CITY-ST-ZIP	WINDSOR, ONTARIO N8TN3		3.4. CITY-	ST-ZIP	INDSOR, ONTARIO NOT		· · ·	
TITLE		☐ DELETE	4.1 TITLE	1	) <u>-</u> .	Chang	ge 🗶 Addition	
NAME			4. 2 NAME		AHTI BEATRICE	- •		
STREET ADDRESS			4.3 STREE	T ADDRESS	AHTI BEHILLE 202 \$ FED HWY APT LAKE WORTH & 33 LUTTRESS, VIRGINIA 2406 PRINCESS AUE	1		
CITY - ST - ZIP			4.4 CITY-	ST-ZIP	LAKE WORTH PL 33	1460		
TITLE		DELETE	5.1 TITLE	D	WITCESS WORLNIA	☐ Chang	ge 🔀 Addition	
NAME			5.2 NAME		OUAL DOWNERS AND	ŝ	-	
STREET ADDRESS				T ADDRESS	CTOB FICINICESS HOS			
City - ST - ZiP			5.4 CITY-	li la	UINDSOR, ONTARIO N.	51 IV3		
TITLE		DELETE	5.4 CITY-	3) - ZIF		Chang	ge Addition	
		( DECEIL				L. OHAN	Number 1	
NAME			6.2 NAME					
STREET ADDRESS				T AODRESS				
CITY - ST - ZIP			6.4 CITY-			<del></del>		
14 Ldo borol	by portify that the information europie	ad with this lilipa dags agt acc	alifu for the ex-	amatica etat	ad in Section 110 07/2)/i) Floride Statutes	لأفينة أفسمت مطفس أأبا	ant the	

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:

AUDIALL W. O CALLET

1/25/97 561-586-8070
Date Daytime Phone # 0039214