

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **751064** (7)  
1. Corporation Name  
**MARJA APARTMENTS, INC.**



Principal Place of Business <b>202 SO. FEDERAL HWY. APT 1 LAKE WORTH FL 33460 US</b>	Mailing Address <b>202 SO. FEDERAL HWY. APT 1 LAKE WORTH FL 33460 US</b>
---	---

3. Date Incorporated or Qualified <b>02/15/1980</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2088541</b>	

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**LAHTI, DONALD W  
202 SO. FEDERAL HIGHWAY APT 1  
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	LAHTI, DONALD
STREET ADDRESS	202 S FED HWY APT 1
CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	DVC
NAME	CUTTRESS, WAYNE
STREET ADDRESS	2406 PRINCESS AVE
CITY-ST-ZIP	WINDSOR, ONTARIO
TITLE	D
NAME	LAHTI BEATRICE
STREET ADDRESS	202 S FED HWY APT 1
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D
NAME	CUTTRESS, VIRGINIA
STREET ADDRESS	2406 PRINCESS AVE.
CITY-ST-ZIP	WINDSOR ON
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DC
1.2 NAME	EGLY, JOSEPH
1.3 STREET ADDRESS	202 S. FED. HWY APT 2
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33460
2.1 TITLE	DT
2.2 NAME	LAHTI, DONALD
2.3 STREET ADDRESS	202 S. FED. HWY. APT 1
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33460
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Donald W. Lahti* 561-594-8070

CR2E037 (10/97)