## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 751064

1. Corporation Name

MARJA APARTMENTS, INC.

Principal Place of Business

202 SO. FEDERAL HWY. APT 1 LAKE WORTH FL 33460 Mailing Address

202 SO. FEDERAL HWY. APT 1 LAKE WORTH FL 33460

US

## FILED Mar 11, 1999 8:00 am \$ Secretary of State

03-11-1999 90123 048 \*\*\*\*61.25

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2. Principal P	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		-	
21	26				02/15/1980			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		····	4. FEI Number	App	lied For	
22		27			-59-208854.1		Applicable _	
City & Stat	le	City & State			5. Certificate of Status Desired	\$8.75 A Fee Red	l II	
23		28				<del></del>	·	
Zip		Country Zip Country		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
24	9. Name and Address of Currer	29 36	<u>D</u>		10. Name and Address of New Registered		71 063	
	9. Name and Address of Currer	it Kedistereo Agent	81	Name	THE THE MILE PROPERTY OF THE P			
	N. (4. D. )4/					<del></del>		
LAHTI, DONALD W 202 SO. FEDERAL HIGHWAY APT 1			82	82 Street Address (P.O. Box Number is Not Acceptable) 83				
			83					
LAKE WORTH FL 33460					C			
<b>,</b>			84	City	FL	85   Zip C  -	ode	
11. Pursuant	to the provisions of Sections 617 050	22 and 617.1508. Florida Statutes.	the above	e-named c	orporation submits this statement for the purpose of	changing its	registered	
office or	registered agent or both in the State.	of Florida. Such change was auth	nonzea ov	the corpor	ation's board of directors. I hereby accept the appo	intment as reg	jistered	
	am familiar with, and accept the obliga	alions of, Section 617.0505, Florida	a Statutes	•				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Ager	nt signature req	uired when reinstating) DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	DC	☐ DELETE	1.1 TITLE		•	Change	☐ Addition	
NAME	EGLY, JOSEPH		1.2 NAME			•	{	
STREET ADDRESS	AAA A EED LINK ADT A		1.3 STREE	TADORESS			ļ	
CITY-ST-ZIP	LAKE WORTH FL 33460		1.4 CITY-S	T-ZIP				
TITLE	DVC	☐ DETELE	2.1 TTTLE			Change	☐ Addition	
NAME	CUTTRESS, WAYNE		2.2 NAME				1	
STREET ADDRESS	2406 PRINCESS AVE		2.3 STREE	TADDRESS		• •	}	
-CITY-ST-ZIP	-WINDSOR, ONTARIO		2.4 CITY-5	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	LAHTI BEATRICE		3.2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
CiTY-ST-ZIP	LAKE WORTH FL		3,4, CITY-5	ST-ZIP		Change	- Addition	
TITLE	TO	☐ DELETE	4,1 TITLE	}		□ cuange	☐ vacino₁	
NAME	LAHTI, DONALD		4, 2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33460		4.4 CITY-S	T-ZIP		Change	Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	ŀ		Ti cuande		
NAME	1			T 40000F60		,		
STREET ADDRESS	3			T ADDRESS		•		
CITY-ST-ZIP	-	☐ DELETE	5.4 CITY-S 6,1 TITLE	1-219		Change	Addition	
TITLE			6.2 NAME			ப் வெறி		
NAME	1			TADODESS				
STREET ADDRESS	<b>5</b> ]			T ADDRESS			}	
CITY-ST-ZIP			6.4 CITY-S	11-211				

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 posporation 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:

GNAULUS OF BRETTE DO WALD W. LAHT!

3/10/99 Date

Daytime Phone #

CR2E037