

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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APPROVED AND FILED

99 OCT 11 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NON-PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # 807442 97,98,99AK

1. Corporation Name
RIO GRANDE Apartments Inc.

Principal Place of Business Mailing Address

576 HENDRICKS ISLE FT. LAUDERDALE, FL 33301
RIO GRANDE APTS INC.
% RONALD SEIBERT
1135 S.E. 14 PL, 22-B
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	94-2545276	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	9. Date Incorporated or Qualified	
24	29	9/22/47	
Country	Country	10. Name and Address of New Registered Agent	
25	30	81 Name RONALD SEIBERT	
9. Name and Address of Current Registered Agent		82 Street Address (P.O. Box Number is Not Acceptable)	
		1135 S.E. 14 PL	
		83 FT. LAUDERDALE, FL	
		84 City FT. LAUDERDALE FL 85 Zip Code 33316	

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 *Ronald E. Seibert* TRESURER DATE 10/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLY OLSON	1.2 NAME	900003027099--6
STREET ADDRESS	806 Wellingwood Ct	1.3 STREET ADDRESS	-10/27/99--01100--018
CITY-ST-ZIP	E. AMHURST, N.Y. 14051	1.4 CITY-ST-ZIP	****465.00 ****465.00
TITLE	SECRETARY / D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE MARTIN	2.2 NAME	
STREET ADDRESS	3015 Seville St	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	2.4 CITY-ST-ZIP	
TITLE	TREASURER / D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD SEIBERT	3.2 NAME	
STREET ADDRESS	1135 S.E. 14 PL - Apt 22-B	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL	3.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT / D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT KELLY	4.2 NAME	
STREET ADDRESS	504 BAYROD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	REHOBOTH, DEL. 19971	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOEL PETER	5.2 NAME	
STREET ADDRESS	1609 S.W. 17TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NO OTHERS	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 607, 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: *Ronald E. Seibert* RONALD E. Seibert TRESURER 10/6/99 954-523-6984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

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1135 S.E.14thPLACE Apt. 22-B
FORT LAUDERDALE, FL. 33316
954 - 523 - 5984

MICHELLE MILLIGAN
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

DEAR MS. MILLIGAN:

THANK YOU FOR YOUR EXPEDIENCY IN GETTING THE ENCLOSED REPORT TO ME.

THE REPORT HAS BEEN COMPLETED TO THE BEST OF MY ABILITY AND YOU WILL FIND OUR CHECK # 1522 IN THE AMOUNT OF \$465.00 AS YOU HAVE ADVISED ME TO DO.

WE DID NOT RECIEVE THIS REPORT OR ANY SUBSEQUENT REPORTS FOR FILING AND CONSEQUENTLY IT DIDNT GET FILED. YOU INDICATED THAT THE REPORT WAS RETURNED TO YOUR OFFICE AS "INSUFFICIENT ADDRESS" AND NO~~F~~ FOLLOW THRU WAS MADE.

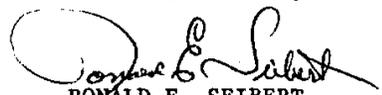
IT IS UNDERSTOOD THAT THE REINSTATEMENT FEES TO BE REINSTATED ARE:

1997	-	\$165.00
1998	-	\$150.00
1999	-	\$150.00
		\$465.00

WOULD YOU PLEASE CONFIRM TO ME AT THE ABOVE ADDRESS THAT THE REIN-
STATEMENT HAS BEEN COMPLETED.

THANK YOU FOR YOUR TIME IN HANDLING THIS MATTER FOR US!

VERY TRULY YOURS,


RONALD E. SEIBERT