


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

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 819205 (6) 1. Corporation Name CIMARRON APARTMENTS, INC.			
Principal Place of Business 340 WEDDINGTON-MARVIN ROAD WEDDINGTON NC 28173		Mailing Address 340 WEDDINGTON-MARVIN ROAD WEDDINGTON NC 28173	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 05/11/1973		4. FEI Number 75-1097595	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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 ABERNETHY, BRUCE R., ESQ. 900 VIRGINIA AVE. SUITE G FT. PIERCE FL 34950		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HOLLAND, R. CALVIN	1.2 NAME	
STREET ADDRESS	340 WEDDINGTON-MARVIN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEDDINGTON NC 28173	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	HOLLAND, STANLEY	2.2 NAME	
STREET ADDRESS	75 WEST END AVENUE APT. P 32-D	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	HOLLAND, BETTY M.	3.2 NAME	
STREET ADDRESS	340 WEDDINGTON-MARVIN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEDDINGTON NC 28173	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	HOLLAND, K. TODD	4.2 NAME	
STREET ADDRESS	121 LAFITTE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAVELAND MS 39576	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	MOORMAN, DEBRA H	5.2 NAME	
STREET ADDRESS	1908 CAPERS COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27612	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	MOORMAN, THOMAS O	6.2 NAME	
STREET ADDRESS	1908 CAPERS COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27612	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 executor 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.

SIGNATURE:

R. Calvin Holland

04-01-98 704-84629

CR2E034 (10/97)