
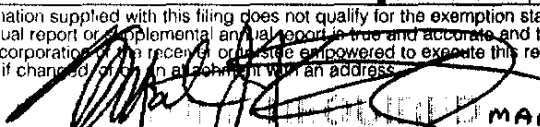


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
<b>DOCUMENT # F18884 (9)</b> 1. Corporation Name <b>APARTMENTS OF BELLE ISLE, INC.</b>																																																																																																																																																					
Principal Place of Business <b>441 NE 4TH AVENUE SUITE 100 FORT LAUDERDALE FL 33301</b>			Mailing Address <b>441 NE 4TH AVENUE SUITE 100 FORT LAUDERDALE FL 33301-3220</b>																																																																																																																																																		
2. Principal Place of Business 21 <b>40 LONDON WITTE &amp; CO., P.A.</b> Suite, Apt. #, etc. <b>3101 N. FEDERAL HWY</b> <b>SUITE 700</b> City & State 23 <b>FT. LAUDERDALE, FL 33306</b> Zip Country 24 <b>33306</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>40 LONDON WITTE &amp; CO., P.A.</b> Suite, Apt. #, etc. <b>3101 N. FEDERAL HWY</b> <b>SUITE 700</b> City & State 28 <b>FT. LAUDERDALE, FL</b> Zip Country 29 <b>33306</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>02/09/1981</b>																																																																																																																																																	
				3a. Date of Last Report <b>05/01/1996</b>																																																																																																																																																	
				4. FEI Number <b>59-2061720</b>																																																																																																																																																	
				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
				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>																																																																																																																																																	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																	
9. Name and Address of Current Registered Agent <b>KURTZ, MARTIN J 441 NE 4TH AVENUE SUITE 100 FORT LAUDERDALE FL 33301</b>			10. Name and Address of New Registered Agent 81 Name <b>KURTZ, MARTIN J.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3101 N. FEDERAL HWY</b> 83 <b>SUITE 700</b> 84 City <b>FT. LAUDERDALE, FL</b> 85 Zip Code <b>33306</b>																																																																																																																																																		
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 signature required when reinstating) DATE																																																																																																																																																					
12. OFFICERS AND DIRECTORS																																																																																																																																																					
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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 a 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 in an attachment with an address.																																																																																																																																																					
<b>SIGNATURE:</b>  <b>MARTIN J. KURTZ</b> 2-12-97 954-566-4400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PRESIDENT</b> Date Daytime Phone #																																																																																																																																																					

CR2E034 (9/96)