PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96309

1. Corporation Name

HUBER APTS. INC.

			_
Principal	Place	of B	usiness

Mailing Address

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90055 029 ***150.00



3015 N OCEAN BLVD #104 FT. LAUDERDALE FL 33308	3015 N OCEAN BLVD #104 FT. LAUDERDALE FL 33308			DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 08/20/1982			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		59-2387816	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		untry	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☐ No		
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent			
		81 Name		·		
GERBER, EDWARD H. 3015 N OCEAN BLVD #104		82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33308		83	83			
•		84 City	F	85 Zip Code		
11. Pursuant to the provisions of Sections 607	0502 and 607.1508, Florida Statutes, the	above-named corpo	ration submits this statement for the purpose	of changing its registered		

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. (NC	TE: Registered Agent signature rec	quired when reinstating) DATE	_
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	PD DELETE	1,1 TITLE	☐ Change ☐	Addition
NAME	GERBER, EDWARD H	1,2 NAME		
STREET ADDRESS	3015 N OCEAN BLVD #104	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1,4 CITY-ST-ZIP		
TITLE	SDT DELETE	2.1 TITLE	Change	Addition
NAME	Rubi, Maria M.	2.2 NAME		
STREET ADDRESS	3015 N. OCEAN BLVD #104	2.3 STREET ADDRESS		J
CITY-ST-ZIP	_FT. LAUDERDALE.FL	2. 4 CITY-ST-ZIP		
TITLE	VDA □ DELETE	3.1 TITLE	☐ Change ☐	Addition
NAME	TROXEL, SUE A.	3,2 NAME		
STREET ADDRESS	3015 OCEAN BLVD SUITE 104	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4. CITY-ST-ZIP		
TITLE	VD □ DELETE	4.1 TITLE	☐ Change ☐	Addition
NAME	HOHULIN,, MICHAEL B.	4. 2 NAME		
STREET ADDRESS	3015 N OCEAN BLVD 104	4,3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	VDAS DELETE	5.1 TITLE	Change	Addition
NAME	TROXEL SIDNEY R.	5.2 NAME		
STREET ADDRESS	3015 N. OCEAN BLVD 104	5,3 STREET ADDRESS	·	
CITY-ST-ZIP	FT.LAUDERDALE	5.4 CITY-ST-ZIP		A 1 122
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐	Addition
NAME		6.2 NAME		ì
STREET ADDRESS	No. of the second	6.3 STREET ADDRESS		
CITY-ST-ZIP	<u>. Postario de la composición dela composición de la composición dela composición del composición de la composición de la composición dela composición de la composición de la</u>	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 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: SIDNEYS TROVE SIGNING OFFICER OF DIRECTOR

3/1/99

954/563-0334