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FILED
Apr 28 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 # F97000004395

1. Corporation Name
ANDROS ISLES APARTMENTS INC.

Principal Place of Business	Mailing Address
3600 CLUB PLACE BOCA RATON, FL 33496	2200 YONGE STREET SUITE 1600 TORONTO, CANADA M4S 2C6

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: OCTOBER 22, 97

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 98-0177505 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: CORPORATION SERVICE COMPANY
	82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES STREET
	83
	84 City: TALLAHASSEE FL 85 Zip Code: 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT JULIEN		1.2 NAME	
STREET ADDRESS	2200 YONGE STREET, SUITE 1600		1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO CANADA M4S 2C6		1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT FINANCE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL CLARKE		2.2 NAME	
STREET ADDRESS	2200 YONGE STREET, SUITE 1600		2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, CANADA M4S 2C6		2.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DELIA SMITH-MOOG		3.2 NAME	
STREET ADDRESS	2200 YONGE STREET, SUITE 1600		3.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, CANADA, M4S 2C6		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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.

SIGNATURE: _____ 3/16/98 416-485-0477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)