

04151999-90129-018-\$150.00-\$150.00 * 08301999-90010-030-\$550.00-\$550.00

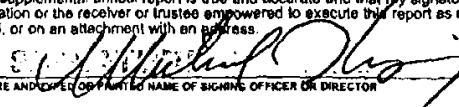
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

99.

FILED

99 SEP 30 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000006813			
1. Corporation Name CORAL POINT APARTMENTS OPERATING COMPANY			
Principal Place of Business 2343 WEST MAIN STREET MESA AZ 85201		Mailing Address 2343 WEST MAIN STREET MESA AZ 85201	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			
2a. Mailing Address 26 11500 WESTWOOD Blvd. 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country			
3. Date Incorporated or Qualified 12/15/1998			
4. FEI Number 47-0809990			
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 the current year Intangible Personal Property. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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	
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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 DELETE 1.6 TITLE 1.7 NAME 1.8 STREET ADDRESS 1.9 CITY-ST-ZIP 1.10 DELETE 1.11 TITLE 1.12 NAME 1.13 STREET ADDRESS 1.14 CITY-ST-ZIP 1.15 DELETE 1.16 TITLE 1.17 NAME 1.18 STREET ADDRESS 1.19 CITY-ST-ZIP 1.20 DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 Change ☐ Addition ☐ 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.5 Change ☐ Addition ☐ 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 Change ☐ Addition ☐ 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 Change ☐ Addition ☐ 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 Change ☐ Addition ☐			
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:  7/22/99 SIGNATURE AND COVER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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DO NOT WRITE IN THIS SPACE

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