

PROFIT
ANNUAL REPORT
1999

R MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 20, 1999 8:00am
Secretary of State

01-20-1999 90023 039 *****158.75

DOCUMENT # F99373

1. Corporation Name
ROBERTS APARTMENTS, INC.

Principal Place of Business
ROBERT'S APT'S INC.
8201 HARDING AVE
MIAMI BEACH FL 33141
US

Mailing Address
12540 N. BAYSHORE DRIVE
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/14/1982

4. FEI Number 59-2267684 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc. SAME

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30. 2a. Mailing Address SAME

9. Name and Address of Current Registered Agent

SCULTHORPE, ROBERT D.
12540 N. BAYSHORE DRIVE
NORTH MIAMI BEACH FL 33181

10. Name and Address of New Registered Agent

81. Name SAME

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City FL 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: Robert D. Sculthorpe DATE: 1/2/99
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCULTHORPE, ROBERT D	
STREET ADDRESS	12540 N BAYSHORE DRIVE	
CITY-ST-ZIP	N MIAMI, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCULTHORPE, WALTER	
STREET ADDRESS	12540 N BAYSHORE DR	
CITY-ST-ZIP	N MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCULTHORPE, GLADYS	
STREET ADDRESS	12540 N BAYSHORE DR	
CITY-ST-ZIP	N MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Robert D. Sculthorpe DATE: 1/2/99 305 893-0858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)