

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J41400 (9)
1. Corporation Name
LUZERNE APARTMENTS, INC.



Principal Place of Business	Mailing Address
7805 CAMINO REAL H-418 MIAMI FL 33143	7805 CAMINO REAL H-418 MIAMI FL 33143

3. Date Incorporated or Qualified 11/07/1986	3a. Date of Last Report 08/11/1995
4. FEI Number 59-2816631	Applied For ☐ Not Applied For ☐
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 has liability for intangible taxes under s. 199.032, Florida Statutes ☐ Yes ☒ No	
10. Name and Address of New Registered Agent	

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

9. Name and Address of Current Registered Agent

SKIEWICH, LANCE G.
7805 CAMINO REAL H-418
MIAMI FL 33143

81	Name
82	Street Address. (P.O. Box Number is Not Acceptable)
83	
84	City
	El 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 agent 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

Suppose that the polynomial f has no repeated factors and that $\gcd(f, f')$ is not a constant. Then $\gcd(f, f')$ is a polynomial of degree at least 1, and so f has a repeated factor.

[15]

12.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	☐ DELETE
NAME	PASKEWICH, LANCE G.	
STREET ADDRESS	7805 CAMINO REAL H-418	
CITY - ST - ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119-07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 or the coordinator of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of the filing, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)