


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J85553** (2)
1. Corporation Name
BOND APARTMENTS, INC.

Principal Place of Business 4800 N FEDERAL HIGHWAY TOWER D, STE 207 BOCA RATON FL 33431-4745	Mailing Address 4800 N FEDERAL HIGHWAY TOWER D, STE 207 BOCA RATON FL 33431-4745
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2833615	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FELDMAN, JOEL H. 4800 N FEDERAL HWY STE 207, TOWER D BOCA RATON FL 33431-4745		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRINKWATER, GARY R.	1.2 NAME	
STREET ADDRESS	PO BOX 32, CELTIC HOUSE, VICTORIA ST.	1.3 STREET ADDRESS	P.O. Box 32, HSBC House, Ridgeway Street
CITY-ST-ZIP	DOUGLAS IS	1.4 CITY-ST-ZIP	Douglas, Isle of Man IM99 1US
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JOEL H.	2.2 NAME	
STREET ADDRESS	4800 N FEDERAL HWY D207	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARKLEY, NIGEL JEFFREY	3.2 NAME	Director
STREET ADDRESS	4 HAZEL CLOSE	3.3 STREET ADDRESS	Ridings, Shaun
CITY-ST-ZIP	BIRCHILL OCHAN	3.4 CITY-ST-ZIP	P.O. Box 32, HSBC House, Ridgeway Street
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWE, HAROLD	4.2 NAME	
STREET ADDRESS	LA RETRAITE, 15 RIVER WALK	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADDAN, ISLE OF MAN	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTLEDGE, KEVIN	5.2 NAME	
STREET ADDRESS	PO BOX 32, CELTIC HOUSE, VICTORIA ST	5.3 STREET ADDRESS	P.O. Box 32, HSBC House, Ridgeway Street
CITY-ST-ZIP	DOUGLAS IS	5.4 CITY-ST-ZIP	Douglas, Isle of Man IM99 1US
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/97)