

FILED
May 01, 2000 8:00 am
Secretary of State

01-18-2000 90036 023 ***150.00

1. Entity Name
PERSHING OAKS APARTMENTS, INC.

Principal Place of Business Mailing Address
 SCHUBERT, PETER
 4439-6 HECTOR CTR
 ORLANDO FL 32822
 US
~~C.T. CORPORATION SYSTEM~~
~~4439-6 HECTOR CT~~
~~ORLANDO FL 32822-3040~~
 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country
74 CRAWFORD ST.
EATONTOWN - N.J.
07724



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2857774** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHUBERT, PETER
4439-6 HECTOR CT
ORLANDO FL 32822

7. Name and Address of New Registered Agent
 Name ~~Peter Schubert~~
 Street Address (P.O. Box Number is Not Acceptable)
~~74-A CRAWFORD ST.~~
4439-6 HECTOR CT, ORLANDO, FL 32822
 City ~~Orlando~~ **EATONTOWN** NJ Zip Code ~~32822~~ **07724**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Peter Schubert* DATE 1/6/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	SCHUBERT, PETER J.	NAME	
STREET ADDRESS	74-A CRAWFORD ST	STREET ADDRESS	
CITY-ST-ZIP	EATONTOWN NJ	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter Schubert* DATE 1/6/00 DAYTIME PHONE # 702-542-5672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR