

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # K07824
1. Corporation Name
BRITTANY ARMS APARTMENTS, INC.

FILED
99 MAR 18 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **2125 HYDE PARK ROAD JACKSONVILLE FL 32210 US**
Mailing Address: **87 TALLWOOD ROAD JACKSONVILLE BEACH FL 32250 US**

21	2a	22	26	23	27	24	25	28	29	30
Principal Place of Business		Mailing Address		City & State		Country		Zip		Country
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Country		Zip		Country
City & State		City & State		Country		Country		Zip		Country
Zip		Zip		Country		Country		Zip		Country
Country		Country		Country		Country		Country		Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1987**

4. FEI Number: **59-2872362** Applied For Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contributor: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
NOE, WILLIAM G., JR
599 ATLANTIC BLVD
SUITE 6
ATLANTIC BEACH FL 32233

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: _____ DATE: _____
Signature: typed or printed name of registered agent and, if not applicable, (PROF) Registered Agent Signature and Date (if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	[] Change [] Addition
NAME	BAKER, SCOTT	12 NAME	
STREET ADDRESS	69 OAKWOOD RD.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	14 CITY-ST-ZIP	
TITLE	SVD	21 TITLE	[] Change [] Addition
NAME	RIECHMANN, KEITH	22 NAME	
STREET ADDRESS	69 OAKWOOD RD.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	[] Change [] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[] Change [] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[] Change [] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[] Change [] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Keith Riechmann* 3/18/99 904-724-1375
Signature: typed or printed name of signing officer or director

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