


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 # **K47067** (9)
1. Corporation Name
GREEN BAY APARTMENTS, INC.

Principal Place of Business 4800 N. FEDERAL HWY. SUITE 207, TOWER D BOCA RATON FL 33431-4735	Mailing Address 4800 N. FEDERAL HWY. SUITE 207, TOWER D BOCA RATON FL 33431-4735
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/23/1988		4. FEI Number 65-0104045		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
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				

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		30	
9. Name and Address of Current Registered Agent FELDMAN, JOEL H 4800 N. FEDERAL HWY. SUITE 207, TOWER D BOCA RATON FL 33431-4735			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 FL		

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <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 1M99 1US
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARKLEY, NIGEL J	2.2 NAME	Ridings, Shaun
STREET ADDRESS	4 HAZEL CLOSE	2.3 STREET ADDRESS	P.O. Box 32, HSBC House, Ridgeway Street
CITY-ST-ZIP	BIRCHILL, ISLE OF MAN	2.4 CITY-ST-ZIP	Douglas, Isle of Man 1M99 1US
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	DAWE, HAROLD	3.2 NAME	
STREET ADDRESS	15 RIVER WALK	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADDAN, ISLE OF MAN	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JOEL H	4.2 NAME	
STREET ADDRESS	4800 N FEDERAL HWY., #207-D	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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 1M99 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 # 0325385

CP2E034 (10/97)