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

## PROFIT CORPORATION **ANNUAL REPORT** 1998 DOCUMENT # K63766 MY CORONADO APT., INC. Principal Place of Business C/O JACK D FINKELMAN 1500 SAN REMO AVE STE 125 **CORAL GALBES FL 33146** 2. Principal Place of Business 26 ulta, Apt. #, etc. 27 City & State 23 28 Zip Country Zip 24 25 29

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FLORIDA DEPARAMENT SE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

## **FILED** Feb 09 1998 8:00am Secretary of State

Mailing Address C/O JACK D FINKELMAN 1500 SAN REMO AVE STE 125 CORAL GALBES FL 33146 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/07/1989 2a. Mailing Address 4. FEI Number Applied For 65-0214002 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 GLINSKY, MICHAEL Name 2655 LEJUNE RD. 62 Street Address (P.O. Box Number is Not Acceptable) STE 1111 83 **CORAL GABLES FL 33134** 84 City Zip Code 85 FI 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 (NOTI : Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 XX DELETE DP X Change Addition TITLE RODITI, LEON Lina 1.1 TOLE RODITI, Lina NAME 1.2 NAME 1500 SAN REMO AVENUE, SUITE 125 1500 San Remo Avenue, Suite 125 STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** Coral Gables, FL 33146 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-\$1-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 7IP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 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 of the receiver or frusted 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 addition.

**SIGNATURE:** 

305) 45-3311

(10/97) CR2E034