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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12923

(3)

RIVER PARK APARTMENTS, INC.

FILED Apr 24 1998 8:00am Secretary of State

HIVEH PARK APARIMENTS, INC.				
Principal Place of Business	Mailing Address		1 (001)411 001 (1014 110)0 10110 (1004 1(1) 410)1 0	(BIT BIBIT BIBIT BIBIT BIBIT TABI
731 Vassar Street Orlando fl 32804 Us	2211 RIVER PARK P O BOX 728 ORLANDO FL 328		DO NOT WRITE IN THIS	S SPACE
	US		3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Addres		08/29/1989 4. FEI Number	1 1
21	26 Maining Addres	5		Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, e	tc.	59-2988001	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24 25	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	d Agent
DEMETR EE, PAUL A.		81 Name		
2211 RIVER PARK CIR.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32817				
		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502			FI	<u>L</u>
agent. I am familiar with, and accept the obligate SIGNATURE Stonature typed or printed name of regeleted agent 12. OFFICERS AND	nt and like diappteable	05, Florida Statutes. (NOT: Registered Agent signature requ	uired whon reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE PST	DELE		ADDITIONS/CHANGES TO OFFICERS AT	Change Addition
NAME DEMETREE, PAUL A.	<u></u>	1.2 NAME		
STREET ADDRESS 2211 RIVER PARK CIR.		1.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	DELE			Change Addition
NAME		2.2 NAME	. •	• —
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - ST - ZIP		
TITLE	☐ DEL€			Change Addition
NAME		32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - \$1 - ZIP		
TITLE	DELE	TE 4.1 TITLE		Change Addition
NAME		4. 2 NAME		
\$TREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TILE	☐ DELE	TE 5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELE	TE 6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
_CITY-ST-ZIP		6.4 CITY - S1 - 2IP		

4. 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 as 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 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, it is an applicationary with an address.

1/20/08 402 501 1725.