

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M49925** (4)

1. Corporation Name

CORAL TOWNHOUSES, INC.



Principal Place of Business

Mailing Address

~~SUITE 117 95 NW 183RD STREET~~
~~MIAMI FLORIDA 33169~~

~~SUITE 117 95 NW 183RD STREET~~
~~MIAMI FLORIDA 33169~~

P.O. Box 694033
MIAMI FL 33269

P.O. Box 694033
MIAMI, FL 33269

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/08/1987

3a. Date of Last Report
04/13/1995

4. FEI Number
59-2809804

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

SENS, GILBERT

99 NW 183 STREET STE 117
MIAMI FL 33169

P.O. Box 694033
MIAMI FL 33269

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 next available

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME **SENS, GILBERT**

1.2 NAME

STREET ADDRESS **99 NW 183 STREET**
P.O. Box 694033

1.3 STREET ADDRESS

CITY-STATE-ZIP **MIAMI FL 33269**

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME **SENS, BRIAN**

2.2 NAME

STREET ADDRESS **99 NW 183 STREET**

2.3 STREET ADDRESS

CITY-STATE-ZIP **MIAMI FL**

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME **SENS, CLIFFORD**

3.2 NAME

STREET ADDRESS **99 NW 183 STREET**

3.3 STREET ADDRESS

CITY-STATE-ZIP **MIAMI FL**

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

TITLE ☐ DELETE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 #

CR2E034 (12/95)