FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 17 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M61072 (8)

1. Corporation Name
NANCY APTS., INC.

Principal Place of Business	Mailing Address
~~16100 COLLINS AVE.~~ ~~STE. #110~~ ~~NO MIAMI BCH FL 33160~~ ~~US~~	~~16100 COLLINS AVE.~~ ~~13999 BISCAYNE BLVD STE 400~~ ~~NO MIAMI BCH FL 33181-1652~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/20/1987
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 16100 Collins Ave.
22 Suite, Apt. #, etc.
23 City & State: N. Miami Beach, FL
24 Zip: 33160 25 Country: US

2a. Mailing Address
26 16100 Collins Ave.
27 Suite, Apt. #, etc.
28 City & State: N. Miami Beach, FL
29 Zip: 33160 30 Country: US

4. FEI Number: 65-0009803 ☐ 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

9. Name and Address of Current Registered Agent

KOSLOVSKY, SIDNEY S.
16100 COLLINS AVE.
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KOSLOVSKY, ALEX	1.2 NAME	
STREET ADDRESS	16100 COLLINS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MEISELS, ROBERT	2.2 NAME	
STREET ADDRESS	16100 COLLINS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	~~PD~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~KOSLOVSKY, SIDNEY~~	3.2 NAME	
STREET ADDRESS	~~16100 COLLINS AVE.~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JOSEPH, JUDY	4.2 NAME	
STREET ADDRESS	16100 COLLINS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SOLOW, STEVEN	5.2 NAME	
STREET ADDRESS	16100 COLLINS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SOLOW, SUSAN	6.2 NAME	
STREET ADDRESS	16100 COLLINS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] Sidney S. Koslovsky 2/14/95 (305) 945-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100012 CP