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

**FILED** Feb 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name M70794 (6) PALIDEUM APARTMENTS PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address % ANTHONY STANLEY % ANTHONY STANLEY 4930 NW 15 AVE 4930 NW 15 AVE DO NOT WRITE IN THIS SPACE MIAMI FL 33142 MIAMI FL 33142 3. Date Incorporated or Qualified 02/29/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0095964 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Ζip Country  $Z_{4D}$ 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 STANLEY, ANTHONY 4930 NW 15 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 City Zip Code and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered (Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered lines of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 2/118/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Treasurer Secretic & Change STANLEY, ANTHONY CT STANLEY, ANTHONY G. NAME 1.2 NAME 4930 H.W. 15 4930 NW 15 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL Mouni CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE STANLEY, GEORGE M. NAME 2.2 NAME 4930 NW 15TH AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Addition President 3.1 TITLE TITLE Jacqueline N.W. 13th L STANLEY, JACQUELINE 3.2 NAME NAME 4930 NW 15TH AVE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL Mani 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELFTE Change Addition 51 TITLE TITLE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition

61 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filling 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 avoid report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the coverable) or the present of the present of the coverable of the present of the

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

TITI F NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

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