

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M71672 (3) 1. Corporation Name ANN-LU APARTMENTS, INC.

Principal Place of Business C/O MURIEL ROSENBERG 2575 COLLINS AVE STE C-9 MIAMI BEACH FL 33140 Mailing Address C/O MURIEL ROSENBERG 2575 COLLINS AVE STE C-9 MIAMI BEACH FL 33140-4720

3. Date Incorporated or Qualified 03/07/1988 3a. Date of Last Report 07/30/1996 4. FEI Number 65-1056698 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



2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24 25 26 27 28 29 30 2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent MURIEL, B. C/D 2575 COLLINS AVENUE - #C9 SUITE 680 MIAMI BEACH FL 33140 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

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: (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 columns: 12. OFFICERS AND DIRECTORS (Title, Name, Street Address, City-ST-ZIP, Delete checkbox) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4, Change/Addition checkboxes)

14. I do 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 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 in an attachment with an address.

SIGNATURE: MURIEL ROSENBERG C/D 3/7/97 305 538-0451 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)