


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90075 048 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N44819</b>					
1. Corporation Name <b>ALVACATA APARTMENTS, INC.</b>					
Principal Place of Business 1601 S. HIGHLAND PARK DRIVE LAKE WALES FL 33853			Mailing Address 139 LAMERAUX RD WINTER PARK FL 33884 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/23/1991	
22 City & State		27 City & State		4. FEI Number <b>NOT APPLICABLE</b>	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>SIMPSON, PAULA 139 LAMERAUX RD WINTER HAVEN FL 33884</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE		NAME		1.1 TITLE	
NAME		HARLEY, ROY G.		1.2 NAME	
STREET ADDRESS		15657 WYATT ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP		EAST CLEVELAND OH		1.4 CITY-ST-ZIP	
TITLE		NAME		2.1 TITLE	
NAME		HUTSON, FRANK A. JR.		2.2 NAME	
STREET ADDRESS		8 FAIRFIELDS DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP		LITTLE COMPTON RI 02837		2.4 CITY-ST-ZIP	
TITLE		NAME		3.1 TITLE	
NAME		HUTSON, JEAN MERRICK		3.2 NAME	
STREET ADDRESS		8 FAIRFIELDS DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP		LITTLE COMPTON RI 02837		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE	
NAME		SMITH, LOIS		4.2 NAME	
STREET ADDRESS		THE HEIGHTS APT #342C		4.3 STREET ADDRESS	
CITY-ST-ZIP		HARTFORD CT		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE	
NAME		SMITH, DONALD S., JR.		5.2 NAME	
STREET ADDRESS		THE HEIGHTS APT 342C		5.3 STREET ADDRESS	
CITY-ST-ZIP		HARTFORD CT		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE	
NAME		WOOD, JEAN B.		6.2 NAME	
STREET ADDRESS		907 STATION AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP		LANGHORNE PA		6.4 CITY-ST-ZIP	



SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)