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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

P32511

(8)

ROS	SEWOOD APARTMENTS COF	PORATION							
Principal Place of Business Mailing Address						- I TOBATOON OF BAILT MEDITON ON ON	Jiaan II di Gibii	Bibil Bibil Bib	(BIDH BIDH IDD)
	LSHIRE BLVD.	9090 WILSH	KIRE BLVD.						
STE 201	The last to the same of the sa								
US	HILLS GA SUZIT	BEVERLY H US	IILLS CA 90211			3. Date incorporated or Qualified	- 3a. D.	ate of Last R	20000d
						01/14/1991	, , , , , ,	03/03/19	
2. Principal 21	Place of Business	2a. Mailing Ad	dress			4. FEI Number 95-3812630		-	Applied For
	ot. #, etc.	26 Suite, Apt.	# etc			33-30 12030			Not Applicable
22		27	π, 6ιο.			5. Certificate of Status Desired			Additional Required
City & St	tate	City & Stat	e			6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			d to Fees
Zιρ 24	Country 25	Zip	Cou	ntry		8. This corporation has liability for		tax under s	199.032,
<u></u>	9. Name and Address of Curre	29 nt Registered Agen	130	-		Florida Statutes Y	es No	 	
				81	Name	IV. Haile Blid Address of New	negistere	3 Agent	
CT C	ORPORATION SYSTEM			_	6	15.6.6			
1200 S. PINE ISLAND ROAD				82	Street Addres	s (P.O. Box Number is Not Accept	able)		
PLAN	ITATION FL 33324		İ	83					
			•	84	City			. 85 Zig	p Code
11 Digravior	at to the explicitude of Continue 607 OFO	0 1 007 1500 5			•		FI		
or regis	nt to the provisions of Sections 607.0502 tered agent, or both, in the State of Flori with and accept the obligations of Sections	z and 607.1508, Flori ida. Such change wa	da Statutes, the abor s authorized by the c	ve-n orpo	amed corporati pration's board	ion submits this statement for the p of directors. Thereby accept the ac	urpose of co	hanging its reast recisions.	egistered office
rear fine.	Then, and accept the obligations of, seco	tion 607.0505, Florida	a Statutes.			,,		10 109 310.00	agon. rum
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable	(NOTE: Registered.	Apect	signature required w	Aren reinstehooli	DATE		·
12.		ID DIRECTORS	13.		- 3	ADDITIONS/CHANGES TO OF		ID DIRECTO	RS IN 12
TITLE	C	☐ DE	LETE 1. 1 Te	TLE				Change	Addition
NAME	BEXENBAUM, CHARLES H.		1.2 NA	Μē					
STREET ADDRESS	9090 WILSHIRE BLVD.#201 BEVERLY HILLS CA		1.3 \$7	REET /	ADDRESS				
TITLE	PD PD		1.4 CIT		- ZIP				
NAME	NELSON, BRUCE	□ DE		2 1 TIBLE				Change	Addition
STREET ADDRESS	ASSA UNI ALUBE BUILD HAS		22 NAI		1000000				
CITY-S1-ZIP	BEVERLY HILLS CA			2 3 STREET ADDRESS 2 4 CITY-ST-ZIP					
TITLE	SD			3. 1 TiTLE				Change	Addition
NAME	CASDEN, HENRY C.	_	3.2 NAI					britange	
STREET ADDRESS			3.3 ST	REET.	ADDRESS				
CITY-ST-ZIP	BEVERLY HILLS CA		3.4 CIT	Y - ST	- ZIP				
TITLE	VPCC	☐ DE	LETE 4 1 TIT	LE.				Change	Addition
NAME	SCHAFER, BOB E		4 2 NA)	ME					ŀ
STREET ADDRESS		I	4.3 STF	EFT A	ADDRESS				-
CITY-ST-ZIP	BEVERLY HILLS CA VAS	C N	4.4 C/T		- ZIP				
TITLE	TOY, PATRICIA W.	☐ DE	1					Change	☐ Addition
NAME STREET ADDRESS	0000 MILE DI UDE DI LID. 4004		5 2 NAM						
O·IY-SI-ZiP	BEVERLY HILLS CA				DORESS				
TITLE	VAS	DEI	5.4 CIT		- ZIP			Change	[7] Addition
NAME	WALTHER, MARK L.		62 NAM					L_J change	Addition :
STRÉET ADDRESS	0000 1181 011100 01100 4004				.DDRESS				
CITY - ST - ZIP	BEVERLY HILLS CA		6.4 DITS	/-SI-	-7 ₁ P				İ
	by certify that the information supplied v	with this filing is volun	tarily furnished and d	oes	not qualify for t	the exemption stated in Section 119	9.07(3)(k), Fi	orida Statute	es. I further

The release certify that the information supplied with this filling 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 1341 changed, order an attachment with an address.

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-4-96

(3/0)278:2191

2F024 (12/05)