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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90179 043 ***150.00

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DOCUMENT # P93000036102

HOLLY APARTMENTS, INC.

		Mailing Address			ı
1036 NE 781H RD.		4101 LAGUANA STREET			
MIAMI FL 33138		CORAL GABLES FL 33146 US			DO NOT WRITE IN THIS SPACE
US		00			3. Date Incorporated or Qualifed
					05/19/1993
2 Principa DI	ace of Business	2a. Mailing Address			4, FEI Number Applied For
2. Principa Place of Business		☐ 1 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Rd	65-0416931 Not Applicable
Suite, Apt. #, etc.		26 1032 NE Suite, Apt. #, etc.	<u>، ۱</u>	19	\$8.75 Additional
		27 June, Apr. #, etc.			5. Certificate of Status Desired Fee Required
City & State		City & State	"		6. Election Campaign Financing \$5.00 May Be
		28 Miame		FI	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	· · · ·	8. This corporation owes the current year intangible
24	25	29 33138 3	i	$\Delta \Delta$	Personal Property Tax.
	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registers d Agent
			8	1 Name	
Wasserman, Martin W ESQ				<u> </u>	Idea (D.O. D. N. Marker in Nat Accordable)
	WASHINGTON AVE		8	<u></u>	(Idress (P.O. Box Number is Not Acceptable)
MIAN	AI BEACH FL 33139		8	3	
			8	4 City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	, the abo	ve-named c	orporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida, Such change was auti	horized b	y the corpor	ation's board of directors. I hereby accept the appointment as registered
•	Tit tallisidi. With allo a scope the obliga				•
SIGNATURE	Signature, typed or printed name of registered ager	n and title if applicable. (NO E: R	egistered Ag	ent signature rec	uired when reinstating DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS	☐ DELETE	1.1 TITLE		Change Addition
NAME	TROISE, DONALD A		1.2 NAME	:	1032 NE 78 Rd #1 MIANI Fl 33/38
STREET ADDR :SS	13730 STATE ROAD 84 SUITE	T	1.3 STRE	ET ADDRESS	Miani Fl 33138
CITY-ST-ZIP	DAVIE FL 33325		1,4 CITY-	ST-ZIP	1 // 0// 00
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	:	
STREET ADDRESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2. 4 CITY	ST-ZiP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			3.4. CITY		
TITLE	<u> </u>	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		_ _ _	4, 2 NAM		
STREET ADDRESS				ET ADDRESS	
			l l		
CHY-S1-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE		☐ Change ☐ Addition
TITLE		_ =====================================	5.2 NAME	l l	
NAME				ET ADDRESS	
STREET ADDF ESS			5.4 CITY-		
CITY-ST-ZIP		□ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		LJ VELEIE	6.2 NAME	į.	
NAME					
STREET ADDI ESS			0.3 SIRE	ET ADDRESS	

14. I here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.(7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an office 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 change door of an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR