FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

i. Corporation	MENT # P930(APARTMENTS, INC.	00036848 (8)			
SALEIVI	AFANTIVIENTO, 1140.				
Principal Place	of Business	Mailing Address			ONIN OCUES NYYD SHADI SOYU OYADI ISHI (OO)
10318 ORANGE GROVE DRIVE TAMPA FL 33618		10318 ORANGE GROVE DRIVE TAMPA FL 33618			
				Date Incorporated or Qualified 05/18/1993	3a. Date of Last Report 01/19/1995
 Principa' Pla Pla 	ace of Business	2a. Mailing Address 26		4. FEI Number 59-3187888	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State)	City & State		Election Campaign Financing Trust Fund Contribution	5.00 May Be
Zφ	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s 199.032,
4	25 9. Name and Address of Cur	29 rent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R	
			81 Name		all atoron with
SHAFII, ESFANDIAR			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
10318 OF TAMPA FI	RANGE GROVE DRIVE L 33618		63		
.,, ,	2 00010		84 City		85 Zip Code
a positivi	10 Y	500 1007 4500 5: :1 0			FL
or registere	id the provisions of Sections 607.0: ed agent, or both, in the State of Fi th, and accept the obl _i gations of, S	lorida. Such change was authorize	ed by the corporation's bo	pration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
Signature.	in, and accept the obligations of, o	ection bor.0005, Florida Statutes.			
12.	Signature, typed or printed harve of registered as	gent and title if applicable (NO AND DIRECTORS	TE: Registered Agent signature requirements		DATE COCOC AND DIDECTORO AT 10
ile.	TD	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
AME	SHAFII, ESFANDIAR		1.2 NAME		_ , _
THEFT ADDRESS	10318 ORANGE GROVE DE	RIVE	1 3 STREET ADDRESS		
IT-ST ZIP	TAMPA FL 33618	Decem	1.4 CITY - ST - ZIP		
ILF SME		☐ DELETE	2 1 TITLE		Change Addition
HEFT ADDRESS			2 2 NAME 2 3 STREET ADDRESS		
1'Y - S' - 71°			24 City-St-Zip		
TLF		☐ DELETE	3 1 TITLE		Change Addition
AME			32 NAME		
IREFT ADDRESS			33 STREET ADDRESS		
TY-\$7-7iP			3 4 CITY - ST - ZIP		
(f		☐ DELETE	4 1 THTLE		Change
IAME			4 2 NAME		
TREFT ADDRESS DIVESTEZIP			4 3 STREET ADDRESS 4 4 CITY-ST-ZIP		
``````````````````````````````````````	<del>-</del>	[] DELETE	5 1 THILE		Change Addition
AME			52 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
ITY \$1-7P			5.4 CITY-ST-ZIP		
TLE		☐ DEFELE	6 1 TITLE		Change Addition
AME			62 NAME		
THEFT ADDRESS			6.3 STREET ADDRESS		
atr-st-ze 4 Lao bereb	v certify that the information evention	ad with this filing is valuntarily furni	64 CITY-ST-ZIP	for the exemption stated in Section 119.	07/9\/L\ Elorida Statutan 14 wthan
certify that oath; that I	l the information indicated on this a	nnual report or supplemental annu rporation or the receiver or trustee	ual report is true and accur e empowered to execute the	ate and that my signature shall have the his report as required by Chapter 607, Fk	same legal effect as if made under orida Statutes; and that my name
SIGNAT	~1 1°	a Station		1/15/96 (81	3)232-3531
		OR PRINTED NAME OF SIGNING OFFICE		Date	Daytime Phone #