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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

2. Principal Place of Business

Suite, Apl. #, etc.

City & State

21

22

23

24

DOCUMENT # P93000046817 (1)

PETRINA APARTMENTS, INC.

25

POMPANO BEACH FL 33062

RACINE, SUZETTE 512 S. RIVERSIDE DR

512 S. RIVERSIDE OR	512 S. RIVERSIDE DR	
Principal Place of Business	Mailing Address	

26

27

28

29

9. Name and Address of Current Registered Agent

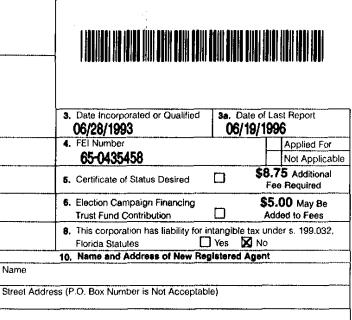
2a. Mailing Address

City & State

Zφ

Suite, Apt. #, etc.

FILED Feb 28 1997 8:00am Secretary of State



Zip Code

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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

81

82

83 84 Name

30

	Signature, typed or product not be of registered agent and little hap	ploable (NOTE	.: Registered Agent signature requi		
12.	OFFICERS AND DIRECTO	RS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
T ILF	D	DELETE	1 1 TITLE	☐ Change	Addition
NAME	RACINE, SUZETTE		1.2 NAME		
STREET ADDRESS	512 S. RIVERSIDE DR		13 STREET ADDRESS		
CHY-SI-ZII	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE	☐ Change	Addition
IMA			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST- ZIP			2. 4 CITY - ST - ZIP		
II'L F		DELETE	3.1 TITLE	☐ Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CrTY+ST-ZIP			3.4. CITY-ST-ZIP		
lili E		DELETE	4.1 TITLE	☐ Change	Additio
AME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
011Y - S1 - ZHP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change	OilibbA
NAME	!		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
DITY-SF-7iP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change	Additio
NAME			6.2 NAME		
STREET AUDRESS			6 3 STREET ADDRESS		
CITY-ST-ZP			64 CITY-ST-ZIP		

information and cated 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 comparation or the receiver or trustee and overed to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the compration or the receiver or trustee appears in Block 12 or Block 13 y changed, or on an attachment with

SIGNATURE:

Daytime Phone #