

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000063199 (2)**

1. Corporation Name

**GURDAK APARTMENTS, INC.**



Principal Place of Business

13251 S.W. 33RD CT.  
DAVIE FL 33330

Mailing Address

13251 S.W. 33RD CT.  
DAVIE FL 33330

3. Date Incorporated/For Qualified <b>09/03/1993</b>	3a. Date of Last Report <b>02/24/1995</b>
4. FEI Number <b>65-0444068</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GURDAK, ALEXANDER S  
13251 S.W. 33RD CT.  
DAVIE FL 33330**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of person responsible for the information furnished in this report)

(Signature of person responsible for the information furnished in this report)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17 NAME	
STREET ADDRESS		18 STREET ADDRESS	
CITY, ST, ZIP		19 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	20 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		21 NAME	
STREET ADDRESS		22 STREET ADDRESS	
CITY, ST, ZIP		23 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	24 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		25 NAME	
STREET ADDRESS		26 STREET ADDRESS	
CITY, ST, ZIP		27 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	28 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		29 NAME	
STREET ADDRESS		30 STREET ADDRESS	
CITY, ST, ZIP		31 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	32 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		33 NAME	
STREET ADDRESS		34 STREET ADDRESS	
CITY, ST, ZIP		35 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	36 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		37 NAME	
STREET ADDRESS		38 STREET ADDRESS	
CITY, ST, ZIP		39 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	40 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		41 NAME	
STREET ADDRESS		42 STREET ADDRESS	
CITY, ST, ZIP		43 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	44 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		45 NAME	
STREET ADDRESS		46 STREET ADDRESS	
CITY, ST, ZIP		47 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing 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 of 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 applicable, or on an attachment with an address.

SIGNATURE: *Alexander S. Gurdak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-17-96 954-476-3699

CR2E034 (12/95)