PROFIT CORPORATION ANNUAL REPORT

1999 ·



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	MEM # P93000 0	J66948		}			
1. Corporation	n Name TION MEADOWS APARTMEN	TO INC		~			
PLANIA	HON MEADOWS APARTMEN	13, 1110.		1 300 HORT 410 (8184 1111) APRIL 881(1) PRICE	A P128 A D2128 A B128 A B128	11 3 4 (1 3 4) (34)	
Principal Place	a of Business	Mailing Address			BANKE BUMA BUMB HUKU .		
7221 NW 161H	n. 11 (/	7221 NW 16TH ST					
PLANTATION FI		PLANTATION FL 33313					
US		US		DO NOT WRITE IN	THIS SPACE		1
		Odl mass	20,000	3. Date Incorporated or Qualifed			1
<u> </u>		39J. ENTER	KRIZE 2	09/20/1993		- U 4 E	}
	lace of Business	2a, Mailing Address 26 1685	W. Commete	1. FEI Number	<u> </u>	plied For t Applicable	1
21 722/	NW 1014 ST. CK8	26 1000 1007 Suite, Apt. #, etc.	TANDIA IN CO.	65-0437906	\$8.75		
Suite, Apt.	168	⊢ 920 4	1	5. Certificate of Status Desired	Fee Re		
22 City & State		27 City & State,			\$5.00	May Re	1
23 PAN	Lation FL	28 F L		Trust Fund Contribution	Added		<u> </u>
Zip	Country	ZIP-22 200	Country	8. This corporation owes the current year	ar Intangible		Ì
24 3331	13 25 820	29 7 5 7 D 3	o BRW	Personal Property Tax.		□No	
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registe			l
5410			81 Name 2	3PYROS PAPAGEOR	6 E		1
KOR	IN, ALLAN M.ESQ		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	alvo	394	1
	SOUTH BISCAYNE BOULEVARD			5 W. CO IMM ERCIA	L BLYD	<u> ۱۲ ک</u>	l
	MIAMI CENTER VIFFL 33131		83				l
MILE	M FL 33131		84 City	- lough stile	85 Zip S	ode 🕜	1
	•			Lancier Cocc	FL ° S	3//	
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes	the above-named co	rporation submits this statement for the purpor	se of changing its innointment as 160	registered pistered	i
				tion a most of difference in the land accept the c			ľ
agent. I a	m familiar with, and accept the obligatio	ns of, Section 607.0505, Florid	la Statutes.	tion's total or directors. Thereby accept the	166		
agent, I a	Murang			poration submits this statement for the purporation's board of directors. I hereby accept the s	1-89		_
SIGNATURE	Signiture, pastd or primed name of registrated agent a	nd the if applicable. (NOTE: R	legistered Agent signature requi	red when reinstating) DAT			(80)
SIGNATURE	Signature, yello or primed name of registered egent a OFFICERS AND	nd the if applicable. (NOTE: R		6~/			(11/98)
SIGNATURE 12.	Signature, yeeks of parents of registered agent a OFFICERS AND	and title if applicable. (NOTE: R	tegistered Agent signature requi	red when reinstating) DAT	S AND DIRECTO	RS IN 12	34 (11/08)
SIGNATURE 12. TITLE NAME	Signature, gueld of partial or registered agent a OFFICERS AND PAPAGEORGE, SPYROS	AND SIZE OF APPRICADE. (NOTE: R) DIRECTORS DELETE	nogistered Agent signature requi	red when reinstating) DAT	S AND DIRECTO	RS IN 12	E034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, yeeks of parents of registered agent a OFFICERS AND	AND SIZE OF APPRICADE. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	red when reinstating) DAT	S AND DIRECTO	RS IN 12	D2E024 (11/08)
SIGNATURE 12. TITLE NAME	P PAPAGEORGE, SPYROS % 4001 N UNIVERSITY DR #A-10	AND SIZE OF APPRICADE. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DAT	S AND DIRECTO	RS IN 12	CD26034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAPAGEORGE, SPYROS % 4001 N UNIVERSITY DR #A-10	nd title if applicable. (NOTE: R) DIRECTORS DELETE	egislered Agent signeture requi 13. 1.1 TITLE 1.2 MAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) DAT	S AND DIRECTO	RS IN 12	CB2E034 (11/08)
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6.4 CITY-ST-ZIP

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; that I am an officer or director of the corporation or the accuracy 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 changed, or on an attackment with an address, with all other like employment.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90106 046 ***150.00