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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000066948

1. Corporation Name

PLANTATION MEADOWS APARTMENTS, INC.

Principal Place of Business

 7221 NW 16TH ST
 PLANTATION FL 33313
 US

Mailing Address

 7221 NW 16TH ST
 PLANTATION FL 33313
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1993

FEI Number

65-0437906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7221 NW 16TH ST. CR 168

Suits, Apt. #, etc.

22 C-168

City & State

23 PLANTATION FL

Zip

24 33313

Country

25 BRW

2a. Mailing Address

26 1685 N. Commercial

Suits, Apt. #, etc.

27 39A

City & State

28 FL

Zip

29 33309

Country

30 BRW

9. Name and Address of Current Registered Agent

 RUBIN, ALLAN M. ESQ
 201 SOUTH BISCAYNE BOULEVARD
 1500 MIAMI CENTER
 MIAMI FL 33131

10. Name and Address of New Registered Agent

 81 Name SPYROS PAPAGEORGE
 82 Street Address (P.O. Box Number is Not Acceptable) 1685 N. COMMERCIAL BLVD 39A
 83
 84 City Ft. Lauderdale FL 85 Zip Code 33309

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PAPAGEORGE, SPYROS	
STREET ADDRESS	% 4001 N UNIVERSITY DR #A-108	
CITY-ST-ZIP	SUNRISE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PAPAGEORGE, MELANIE	
STREET ADDRESS	% 4001 N UNIVERSITY DR #A-108	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PAPAGEORGE, JOHN	
STREET ADDRESS	% 4001 N UNIVERSITY DR #A-108	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 oath; that I am an officer 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)