


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000066948 1. Entity Name PLANTATION MEADOWS APARTMENTS, INC.	
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Principal Place of Business 7221 NW 16TH B-144 PLANTATION, FL 33313 US	Mailing Address 5115 NW 17TH TERR #39A FT LAUDERDALE, FL 33303 US
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0437906	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PAPAGEORGE, SPYROS 5115 N.W. 17TH TERRACE, 39A FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000155667

05/05/04-80046-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAPAGEORGE, SPYROS % 4001 N UNIVERSITY DR #A-108 SUNRISE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PAPAGEORGE, MELANIE % 4001 N UNIVERSITY DR #A-108 SUNRISE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PAPAGEORGE, JOHN % 4001 N UNIVERSITY DR #A-108 SUNRISE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SPYROS PAPAGEORGE *[Signature]* 4/24/04 954 267-9190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #