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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000068438 (9)

APARTMENT STORE, INC.

NI NIII	MACINI OTOTIC, INC.						
Principal Place of	f Business	Mailing Address		s inninget til think sittl ngett an	*** 4 Bit 4 BA10 \$ \$10 \$ 1 FB1		
SUITE 1	ETON SQ. BLVD	8280 PRINCETON SUITE 1					
JACKSONVILLE FL 32256 JACKSONVILLE FL 33 US US			32230	 Date Incorporated or Qualified 10/01/1993 		3a. Date of Last Report 05/01/1995	
2. Principal Plac	e of Business	2a. Mailing Address		4, FEI Number 59-3203147		Applied For Not Applicable	
21 Suite, Apt. #,	etc.	Surte. Apt. #, etc.		5. Certificate of Status Desired	\$8.	75 Additional	
22		27				ee Required	
Oty & State		City & State		Election Campaign Financing Trust Fund Contribution			
Z ₁ Ω	Country 25	Zip [29]	Country 30	This corporation has liability for it Florida Statutes Yes		rs 199.032,	
24	g. Name and Address of Curre			10. Name and Address of New R	egistered Agent		
INMAN,	CARL R		81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptab	ie)		
	RINCTON SQ BLVD		83				
JACKSONVILLE EL 32256				85	Zip Code		
					FL	·	
or registered	the provisions of Sections 607,050 d agent, or both, in the State of Flor , and accept the obligations of, Soc	ida. Such change was author	ized by the corporal on s boa	ration submits this statement for the pur and of directors. Thereby accept the appr	pose of changing ointment as registe	its registered office (gred agent, I am	
īs:	grature, fyrica or printe or a neighborst and		SCITE Bogston a Agent Sejtat in respec	ADDITIONS/CHANGES TO OFF	CATE	CTODS IN 12	
12.	PD OFFICERS AF	ID DIRECTORS	13. 1 1 T I L E	ADDITIONS CHANGES TO OFF	Chan		
NAME	INMAN, CARL R		1.2 NAME		_		
STREET ADDRESS	115 ORANGE ST		: 1.3 STREET ADDRESS				
CITY - S1 - ZIP	NEPTUNE BEACH FL		1.4 CITY - ST - ZIP				
TITLE	ST	☐ DELETE	2 1 TilleE		☐ Chan		
NAME	kee, darla m		2.2 NAME				
STREET ADDRESS	2465 BISHOP ESTATES R	D	2.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		2.4 City - ST - ZiP				
TITLE		☐ DELETE	3 1 TITLE		Char	nge 🔲 Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADOPESS				
CITY - ST - ZIP			3 4 UTY ST ZIF			Addition	
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NAME			4 2 NAME				
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CHTY - ST - ZIP		TI DELETE	4.4 CITY - ST - ZIP		[Char	nge 🗍 Addition	
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NAME			5.3 STHEET ADDRESS			1	
STREET ADDRESS							
CITY-ST-ZIP TOLE		DELETE	6 1 THE		Cha:	nge 🔲 Addition	
NAME.			6.2 NAME				
STREET ADDRESS			6.3 STAFEL ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST-7IP				
14. I do hereby certify that I oath; that I	the information indicated on this as	nual report or supplemental a loration or the receiver or trus	im-shed and does not qualify nual report is true and accur tee empowerer! to execute the	for the exemption stated in Section 119 attemption stated in Section 119 attemption at my signature shall have the its report as required by Chapter 607, F	: sante legal e lect	as it made under	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayte at Place #