FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000068438 (9)

APARTMENT STORE, INC.

FILED
May 14 1998 8:00am
Secretary of State

Principal Place of Businoss Mailing Address					DIST DIRECT STIRT TO STREET	
8280 PRINCETON SO. BLVD SUITE 1 JACKSONVILLE FL 32256 US		8280 PRINCETON SO: BLVD SUITE 1 JACKSONVILLE FL 32256 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified		
					10/01/1993	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	W -X-	26			59-3203147	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip			Country		8. This corporation owes or has paid the curren	Added to Fees
24	25		30		· · · · · · · · · · · · · · · · · · ·	Yes No
	9, Name and Address of Curre	ent Registered Agent	B1		10. Name and Address of New Registered Ag-	ent
INMAN, CARL R				Name		
	280 PRINCTON SQ BLVD		62	Street A	ddress (P.O. Box Number is Not Acceptable)	
	UITE 1		83			
JA	ACK S ONVILLE FL 32256		53			
			84	City	EI 1	85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	e the shous.	n hamen	corporation submits this statement for the purpose of ch	anging its registered
office or	registered agent, or both, in the Stat	e of Florida. Such change was a	uthorized by ti	he corpo	pration's board of directors. I hereby accept the appoin	tment as registered
~	am familiar with, and accept the obli	gations of, Section 607,0505, Flo	rida Statutes.			
SIGNATURE	Signature, typed or profiled name of registered a	gent and the if applicable (NOTE	Registered Agent	signature re	equired when reinslating) DATE	
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 1
TITLE	PD	I Z DELETE	1.1 TITLE			Change Addition
NAME			1.2 NAME		INMAN, CAROL 115 Orange St.	
STREET ADDRESS	115 ORANGE ST		1.3 STREET AL	ODRESS	115 Orange St.	
CITY-ST-ZIP			1.4 CITY - ST -	ZIP	Neptune Boh, FL 3200	ele
TITLE	• ·		2.1 TITLE		· · L	Change Addition
NAME	KEE, DARLA M	1	2.2 NAME			
STREET ADDRESS	2465 BISHOP ESTATES RD		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	JACKSONVILLE FL	DELETE	2. 4 CITY-SY-ZIP 3.1 TITLE			Change
NAME			3.2 NAME		<u></u>) change
STREET ADDRESS			3.3 STREET AC	NOBE CC		
CITY-ST-ZIP			3.4. CITY-SY-			
TITLE			4.1 TITLE			Change
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET AC	ODRESS		
CITY-ST-ZIP			4.4 CITY - ST -	ZIP		
TITLE		☐ DE L ETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET AD	ODRESS		
CITY-ST-ZIP			5.4 CITY+ST-	ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET AD	- 1		
CITY-ST-ZIP	cortify that the information correlied	with this films dose not avalify to	6.4 CITY-ST-		I in Section 119.07(3)(i), Florida Statutes. I further certife	u that the information
indicated officer or	Fon this annual report or supplemen	tal annual report is true and a ccu paiver or trustee empowered to e	urate and that	my signa	ature shall have the same legal effect as if made under equired by Chapter 607, Florida Statutes, and that my	oath; that I am an