


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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90011 001 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000074566</b>					
1. Corporation Name <b>PONDEROSA APARTMENT INVESTMENT CORP.</b>					
Principal Place of Business <b>1850 TIMBERS WEST BLVD. ROCKLEDGE FL 32955</b>			Mailing Address <b>1850 TIMBERS WEST BLVD. ROCKLEDGE FL 32955</b>		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip Country			28 Zip Country		
24			29		
25			30		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>FEINER, BALZ 12343 NARGOOSEE RD ? ORLANDO FL 32827 ?</b>			81 Name <b>FEINER, BALZ</b>		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>1850 TIMBERS W. BLVD.</b>		
			83		
			84 City <b>ROCKLEDGE</b> FL 85 Zip Code <b>32955</b>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>FEINER, BALZ</b>					
1.3 STREET ADDRESS <b>12343 NARGOOSEE RD ?</b>					
1.4 CITY-ST-ZIP <b>ORLANDO FL 32827 ?</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>FEINER, THERESE</b>					
2.3 STREET ADDRESS <b>1850 TIMBERS W BLVD</b>					
2.4 CITY-ST-ZIP <b>ROCKLEDGE FL 32955</b>					
3.1 TITLE <input checked="" type="checkbox"/> DELETE					
3.2 NAME <b>FEIN, FREDERICK L</b>					
3.3 STREET ADDRESS <b>1850 TIMBERS WEST BLVD.</b>					
3.4 CITY-ST-ZIP <b>ROCKLEDGE FL 32955</b>					
4.1 TITLE <input checked="" type="checkbox"/> DELETE					
4.2 NAME <b>FEIN, RACHELLE</b>					
4.3 STREET ADDRESS <b>1850 TIMBERS WEST BLVD.</b>					
4.4 CITY-ST-ZIP <b>ROCKLEDGE FL 32955</b>					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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 <b>1850 TIMBERS WEST BLVD.</b>					
1.4 CITY-ST-ZIP <b>ROCKLEDGE, FL 32955</b>					
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME <b>DVT VEITH, MAX PETER</b>					
3.3 STREET ADDRESS <b>OB DEM DORF</b>					
3.4 CITY-ST-ZIP <b>4425 TITTERTEN/SWITZERLAND</b>					
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME <b>DS VEITH, MADELEINE</b>					
4.3 STREET ADDRESS <b>OB DEM DORF</b>					
4.4 CITY-ST-ZIP <b>4425 TITTERTEN/SWITZERLAND</b>					
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					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED 3-15-99 (407) 536-6148**

Date

Daytime Phone #

CR2E034 (1/98)

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