FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000150

1. Corporation Name
POLO PARK APARTMENTS, INC.

Principal Place of Business / Mailing Address
c/o S J LEVINE
801 ARTHUR GODFREY RD. #222
MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/2/93
3a. Date of Last Report:

	2. Principal Place of Business	2a. Mailing Address
21/26	801 ARTHUR GODFREY RD.	801 ARTHUR GODFREY RD.
22/27	Suite/Apt. #, etc: No. 822	Suite, Apt. #, etc: SUITE 222
23/28	City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL.
24/29	Zip: 33140	Zip: 33140
25/30	Country: DADE	Country: DADE

4. FEI Number: 65-0457836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability by intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STANLEY JOEL LEVINE
801 ARTHUR GODFREY RD. #222
MIAMI BEACH, FL 33140

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Stanley Joel Levine
Signature, Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES.	11 TITLE	☐ Change ☐ Addition
NAME	STANLEY JOEL LEVINE	12 NAME	700001485147
STREET ADDRESS	801 ARTHUR GODFREY RD.	13 STREET ADDRESS	-05/12/95--01017--007
CITY ST ZIP	MIAMI BEACH, FL 33140	14 CITY ST ZIP	****208.75 ****208.75
TITLE	SEC.	21 TITLE	☐ Change ☐ Addition
NAME	JERALD A. SULLIVAN	22 NAME	
STREET ADDRESS	5701 SW 74 AVE.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 33143	24 CITY ST ZIP	
TITLE	V. PRES.	31 TITLE	☐ Change ☐ Addition
NAME	J. WALLACH, JR.	32 NAME	
STREET ADDRESS	5491 N.W. 23 AVE.	33 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL 33496	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Stanley Joel Levine — 4-24-95
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Contact Person SW