

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMM B. MATHIAS
GOVERNOR
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

DOCUMENT # P94000028996 (4)

To: Corporation Secretary

YOUNGTOWN APARTMENTS, INC.

35 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Previous Name of Corporation		Mailing Address		Do NOT WRITE IN THIS SPACE	
4817 ROCHDALE RD JACKSONVILLE FL 32208		P.O. BOX 9919 JACKSONVILLE FL 32208		3. Date first incorporated in jurisdiction: 04/15/1994	
2. Name of Corporation Registered		2a. Mailing Address		3a. Date of Last Report	
21. Subj. Apt. # or St.		26. Subj. Apt. # or St.		4. Filing Number: 59-3245544	
22. City & State		27. City & State		5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation has liability for intangible tax under S. 199 (C.F.R.) Florida Statutes: ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KELLY, TIMOTHY P 200 W. FORSYTH ST. SUITE 1020 JACKSONVILLE FL 32202		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		85. State: FL	

11. Pursuant to the provisions of Sections 607.06(2) and 607.1509, 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 Sections 607.06(2) (5)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D YOUNG, DIMITRI L	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	P.O. BOX 9919 (N/A)	2. STREET ADDRESS	
CITY & STATE	JACKSONVILLE FL 32208	3. CITY & STATE	
NAME		4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	
NAME		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY & STATE		9. CITY & STATE	
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
NAME		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY & STATE		15. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.01(2)(b)(i) Florida Statutes. I further certify that the information included 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 secretary or authorized officer of the corporation or the registered Florida corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of Block 1 of change form on an attachment with this filing.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-95

766-3771

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INCORPORATION

ARTICLE OF INCORPORATION

1995



FLORIDA DEPARTMENT OF STATE

Secretary of State

Secretary of State

1995

APPROVED
AUG 11 1995

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

DOCUMENT # **P94000029305 (7)**

STEFAN V. STEIN, P.A.

Principal Office Address	Alternate Address
3030 NORTH ROCKY POINT DRIVE W. STE. 400 TAMPA FL 33607-5904	3030 NORTH ROCKY POINT DRIVE W. STE. 400 TAMPA FL 33607-5904

EXPIRATION DATE OF THIS REPORT

3. Date of Incorporation or Qualification	3a. Date of Last Report
01/01/1994	
4. FEE NUMBER	Approved For
59-3215893	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 for intangible tax under S. 199.032, Florida Statutes.	☒ Yes ☐ No

2. Principal Office Address	2a. Alternate Address
21. State Agent	26. State Agent
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
STEIN, STEFAN V 3030 NORTH ROCKY POINT DRIVE W. STE. 400 TAMPA FL 33607-5904

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0505 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, thereby accepting the appointment as registered agent, from [Name] with, and accepting the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME	1. NAME
2. STREET ADDRESS	2. STREET ADDRESS
3. CITY	3. CITY
4. STATE	4. STATE
5. ZIP	5. ZIP
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY	8. CITY
9. STATE	9. STATE
10. ZIP	10. ZIP
11. NAME	11. NAME
12. STREET ADDRESS	12. STREET ADDRESS
13. CITY	13. CITY
14. STATE	14. STATE
15. ZIP	15. ZIP
16. NAME	16. NAME
17. STREET ADDRESS	17. STREET ADDRESS
18. CITY	18. CITY
19. STATE	19. STATE
20. ZIP	20. ZIP

14. I, the undersigned, certify that the information supplied with this report is accurately furnished and does not qualify for the exemption stated in Section 199.032 under Florida Statutes. I further certify that the information indicated on the 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, upon the expiration of the corporation of this report, the undersigned is empowered to execute this report as required by Chapter 200, Florida Statutes, and that my name appears on Block 1, or Block 1a of the report as an officer or director.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Stefan V. Stein
 May 9, 1995
 813/289-2166