FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P94000028996 (4)**

YOUNGTOWN APARTMENTS, INC.

Principal Place of Business

4817 ROCHDALE RD
JACKSONVILLE FL 32208

Mailing Address

P.O. BOX 9919
JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/15/1994**

3a. Date of Last Report:

21 Street Address

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 County

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 County

4. FEI Number: **59-3245544**

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

7. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KELLY, TIMOTHY P
200 W. FORSYTH ST.
SUITE 1020
JACKSONVILLE FL 32202

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 Section 607.0501 and 607.1908 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '12
D YOUNG, DIMITRI L P.O. BOX 9919 (N/A) JACKSONVILLE FL 32208	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I further certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above or on an attachment with an address.

SIGNATURE: [signature] **L Young**

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

4-1-95 Date

766-3771 Telephone Number

0406492 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P94000029305 (7)

1. Corporation Name

STEFAN V. STEIN, P.A.

Principal Office Address	Mailing 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1994

3a. Date of Last Report

4. FEI Number: 59-3215893 — 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 for intangible tax under S. 199.032, Florida Statutes. X Yes ☐ No

2. Principal Office (21–25); 2a. Mailing Address (26–30)

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

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEIN, STEFAN V
STREET ADDRESS	3030 NORTH ROCKY POINT DRIVE W. STE. 400
CITY-ST-ZIP	TAMPA FL 33607-5904

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Entries 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition — blank)

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 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 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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stefan V. Stein

May 9, 1995 — 813/289-2166

0293021 CP