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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State
03-14-1999 90001 022 ***150.00

DOCUMENT # **P94000037439**

1. Corporation Name
SOUTH WIND APARTMENTS OF HIALEAH, INC.

Principal Place of Business	Mailing Address
168 HIALEAH DRIVE HIALEAH FL 33010	168 HIALEAH DRIVE HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/16/1994

4. FEI Number
65-0523929
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **$5.00** May Be Added to Fees

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

SWEZY, LEWIS V
168 HIALEAH DRIVE
HIALEAH FL 33010

Signed by mistake

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, Florida Statutes, the abo... office or registered agent, or both, in the State of Florida. Such change was authorized b... agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statute...

SIGNATURE _____ (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Age...

Zip Code

...ing its registered ...as registered

...ECTORS IN 12

OFFICERS AND DIRECTORS

12.		13.	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SWEZY, RUBY	1.2 NAME	
STREET ADDRESS	168 HIALEAH DRIVE	1.3 STREE	
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-S	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/8/99 305-821-...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #