

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

FILED

Jun 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000066345 (7)**

1. Corporation Name

DIVERSIFIED APARTMENTS CORP.



Principal Place of Business

Mailing Address

**17190 NE 21ST AVE
NORTH MIAMI BEACH FL 33162**

**17190 NE 21ST AVE
NORTH MIAMI BEACH FL 33162
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **17190 NE 21 AVE**
Suite, Apt. #, etc.

22 **7899 NE 4th Miami FL**
City & State

23 **MIA. FL 33138**
Zip Country

24 **33138**

Country

FL

25 **FL**

Country

FL

26 **17190 NE 21 AVE**

Country

FL

27 **NONE**

Country

NONE

28 **17190 NE 21 AVE FL 33162**

Country

FL

29 **33162**

Country

FL

30 **NONE**

Country

NONE

31 **17190 NE 21 AVE**

Country

FL

32 **33162**

Country

FL

33 **17190 NE 21 AVE**

Country

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34 **33162**

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35 **17190 NE 21 AVE**

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41 **17190 NE 21 AVE**

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43 **17190 NE 21 AVE**

Country

FL

44 **33162**

Country

FL

3. Date Incorporated or Qualified

09/09/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐

Yes

☐

No

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **LONG, OLIVET T**
STREET ADDRESS **17190 NE 21ST AVE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT**
1.2 NAME **17190 NE 21ST AVE**
1.3 STREET ADDRESS **NMB FL 33162**
1.4 CITY-ST-ZIP

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

[Signature]

[Signature]

CR2E034 (10/97)