

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # P94000093690

1. Entity Name
MFS APTS. INC.



Principal Place of Business
PO BOX 550369
FT LAUDERDALE, FL 33355

Mailing Address
PO BOX 550369
FT LAUDERDALE, FL 33355



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0542933	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TROXEL, SIDNEY R
13400 SW 30TH CT
DAVIE, FL 33330

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROXEL, SIDNEY R 13400 SW 30TH CT DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSDT HOHULIN, MICHAEL B 201 NW 121ST AVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GERBER, EDWARD H 3400 GALT OCEAN DR APT PH#2S FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07
Date

954.249.1028
Daytime Phone #