

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093690

Entity Name: MFS APTS. INC.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 550369
FT LAUDERDALE, FL 33355

New Principal Place of Business:

13400 S.W. 30TH CT.
DAVIE, FL 33330 US

Current Mailing Address:

PO BOX 550369
FT LAUDERDALE, FL 33355

New Mailing Address:

FEI Number: 65-0542933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TROXEL, SIDNEY R
Address: 13400 SW 30TH CT
City-St-Zip: DAVIE, FL 33330

Title: VSDT () Delete
Name: HOHULIN, MICHAEL B
Address: 201 NW 121ST AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VSD () Delete
Name: GERBER, EDWARD H
Address: 3400 GALT OCEAN DR APT PH#2S
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIDNEY R. TROXEL

PD

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date