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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000000276 (2)

1. Corporation Name
ML APARTMENTS, INC.



Principal Place of Business
23458 TORRE CIRCLE
BOCA RATON FL 33433
US

Mailing Address
25458 TORRE CIRCLE
BOCA RATON FL 33433
US

3. Date Incorporated or Qualified
01/03/1995

3a. Date of Last Report
01/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 10718 KIRKALDY LANE	26 10718 KIRKALDY LANE	65-0543058	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State		
23 BOCA RATON, FL	28 BOCA RATON, FL	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution	
24 33498	29 33498		
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 US	30 US		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LICHTMAN, JONATHAN J 100 NE THIRD AVE SUITE 1100 FT LAUDERDALE FL 33301	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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICHTMAN, JONATHAN	1.2 NAME	
STREET ADDRESS	23458 TORRE CIRCLE	1.3 STREET ADDRESS	10718 KIRKALDY LANE
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	BOCA RATON, FL 33498
TITLE	DVPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASS, ROBERT A	2.2 NAME	
STREET ADDRESS	300 LAURAL RIDGE RD PO BOX 342	2.3 STREET ADDRESS	
CITY - ST - ZIP	REINHOLDS PA	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JON LICHTMAN - PRESIDENT

1/14/97 554/412-5300

Date Daytime Phone #
0622228

CR2E034 (9/96)