

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

FILED

Feb 16 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 # **P95000000276 (2)**

1. Corporation Name
ML APARTMENTS, INC.



Principal Place of Business 10718 KIRKALDY LANE BOCA RATON FL 33498 US	Mailing Address 10718 KIRKALDY LANE BOCA RATON FL 33498 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1995	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 65-0543058		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LICHTMAN, JONATHAN J 100 NE THIRD AVE SUITE 1100 FT LAUDERDALE FL 33301		10. Name and Address of New Registered Agent	
		81 Name JONATHAN J. LICHTMAN, P.A.	
		82 Street Address (P.O. Box Number is Not Acceptable) SAFETYWAY CENTRE	
		83 4800 N. FEDERAL HIGHWAY, SUITE D-100	
		84 City BOCA RATON	85 Zip Code FL 33431

11. Pursuant to the provisions of Sections 607.0102 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.
JON LICHTMAN, PRESIDENT 2/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LICHTMAN, JONATHAN		1.2 NAME	
STREET ADDRESS 10718 KIRKALDY LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33498		1.4 CITY-ST-ZIP	
TITLE DVPS	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NASS, ROBERT A		2.2 NAME	
STREET ADDRESS 300 LAUREL RIDGE RD PO BOX 342		2.3 STREET ADDRESS 300 LAUREL RIDGE ROAD	
CITY-ST-ZIP REINHOLDS PA		2.4 CITY-ST-ZIP REINHOLDS, PA 17569	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: **JON LICHTMAN** **2/13/98 (501) 442-0012**

CR2E034 (10/97)