

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000003444 (3)**  
 1. Corporation Name  
**LUEDDECKENS FIRST PLACE APT. CORP.**



Principal Place of Business <b>2702 THOMAS ST                  HOLLYWOOD FL 33020</b>	Mailing Address <b>2702 THOMAS ST                  HOLLYWOOD FL 33020</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1127 NW 1 PL</b>		2a. Mailing Address 26 <b>4128 W Comanche</b>		3. Date Incorporated or Qualified <b>01/12/1995</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>65-0637213</b>	
23 City & State <b>Miami, Fla</b>		28 City & State <b>Tampa Fla</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>330128</b> 25 Country <b>US</b>		29 Zip <b>33614</b> 30 Country <b>US</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

LUEDDECKENS, MARIA E 2702 THOMAS ST HOLLYWOOD FL 33020		Celso O. Bello 4122 W. Comanche Tampa, Fla 33614		10. Name and Address of New Registered Agent 81 Name <b>Celso O. Bello</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL 33614</b>	
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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 Celso O. Bello  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUEDDECKENS, ALBERTO</b>		1.2 NAME	<b>Celso O. Bello</b>	
STREET ADDRESS	<b>2702 THOMAS ST</b>		1.3 STREET ADDRESS	<b>4122 W. Comanche Ave</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>		1.4 CITY-ST-ZIP	<b>Tampa, Fla 33614</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUEDDECKENS, MARIA</b>		2.2 NAME		
STREET ADDRESS	<b>2702 THOMAS ST</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>		2.4 CITY-ST-ZIP		
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: Celso O. Bello 4-30-1998-2886-4916

CR2EG34 (10/97)