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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P95000(S GARDEN APARTMENTS, II						9(4); 50; 198; 198; 70; 188;
Principal Place	of Business	Mailing Address					Statt Batt (85)
190 SE 12TH AVENUE P.O. BOX 1439 POMPANO BEACH FL 33060 FT. LAUDERDALE FL 33302 US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					02/13/1995	114	plied For
	ace of Business	2a. Mailing Address			4. FEI Number 65-0560226		t Applicable
Suite, Apt. #	# etc	Suite, Apt. #, etc.		,	\$8.75		
22 Suite, Apr. 7	, , 810.	27	¬ ' '		5. Certifcate of Status Desired	Fee Re	
City & State		City & State		6. Election Campaign Financing	\$5.00	Mav Be	
23		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country		8. This corporation owes the current year Intangible			
24	25	29 30	l <u>-</u>		Personal Property Tax.	Yes	□No
· · · ·	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
MORRIS, DAVID 1105 SE 4TH STREET FT. LAUDERDALE FL 33301			81 82 83		ress (P.O. Box Number is Not Acceptable)		
			84	City	F	85 Zip	Code
SIGNATURE	to the provisions of Sections 607.US02 gistered agent, or both, in the State on familiar with, and accept the obligation Signature, typed or printed name of registered agent				poration submits this statement for the purpose on's board of directors. I hereby accept the app		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	·····	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	MORRIS, DAVID	•					
STREET ADDRESS	1105 S.E. 4TH STREET			TADDRESS			ļ
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	C) est see	1.4 CITY-S	T-ZIP		☐ Change	Addition
(TITLE	D	☐ DELETE	2.1 TITLE		•	□ ouerige	
NAME	MORRIS, VIRGINIA		2.2 NAME				
STRÉET ADDRESS	1105 S.E. 4TH STREET	The second secon	2.3 STREE	1			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		2.4 CITY-5 3.1 TITLE	51-ZIP		Change	Addition
tπLE			3.2 NAME				
NAME				T ADDRESS			ł
STREET ADDRESS				ľ			
CITY-ST-ZIP TITLE	<u> </u>		3.4. CITY-S 4.1 TITLE	31-ZIF		☐ Change	Addition
NAME		, –	4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				-
TITLE	•	☐ DELETE	5.1 TITLE		· ·	Change	☐ Addition
NAME	•		5.2 NAME		•		. [
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP	•		5.4 CITY+S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				ŀ
STREET ADDRESS			6.3 STREE	T ADDRESS			\

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 organization with abaddress with all ther like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP