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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State . DIVISION OF CORPORATIONS

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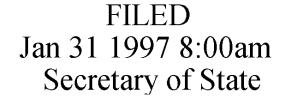
DOCUMENT # P9500042311 (7)
TRANSEASTERN PLANTATION APTS., INC.

Principal Place of Business 3300 UNIVERSITY DR CORAL SPRINGS FL 33065

SIGNATURE:

Mailing Address

3300 UNIVERSITY OR CORAL SPRINGS FL 33065-6309





								3. Date Incorporated or Qua 05/25/1995	lified		te of Last I 5/1996	Report
2. Principal P	lace of Business		2a. Mailir	ng Address	· · · · · · · · · · · · · · · · · · ·			4. FEI Number				oplied For
21			26					65-0597933			 	lot Applicable
Suite, Apt.	#, otc.			, Apt. #, etc.				5. Certificate of Status Desir	ed	X	\$8.75	Additional Required
City & State	e			& State		-		6. Election Campaign Finance	nina			May Be
23			28					Trust Fund Contribution	วแผ็			I to Fees
Zip	Co	ountry	Zip		Country	У	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liabi	lity for in	tangible t		
24	25		29		30			Florida Statutes		Yes [,
	g, Name and A	ddress of Current	Registered	Agent				10. Name and Address of N	ew Reg	istered A	gent	
1645	SON, GARY N 5 PALM BEACH L	akes blvd			81 82	\perp	Name Street Addre	ess (P.O. Box Number is Not Ac	ceptabl	θ)		
	TE 1200 ST PALM BEACH	El 22404			83	1			··· ·· ··· ··· ··· ···			
WEO	N PALM DEACH	FL 33401				1						1
					64	1	City			FL	85 Zip	Code
11. Pursuant office or reagent. La	to the provisions of egistered agent, or m familiar with, and	Sections 607.0502 both, in the State Laccept the obliga	and 607,150 of Florida Suctions of, Sect	8, Florida Statu ch change was ion 607.0505, F	ites, the abov authorized b lorida Statute	ve- by t es.	named corpo the corporation	oration submits this statement for on's board of directors. I hereby	or the pu accept	rpose of the appo	changing intment a	its registered s registered
SIGNATURE	Signature, typed or printed	Leann of sauchoral mon	t and the dispelie	able (NO	TE: Boolelared An		1 placeture require	d when reinstating)		DATE		
12.	Signature, typed or printed	OFFICERS AND			13.	Jeni	r signature require	ADDITIONS/CHANGES TO	DEELC		DIRECTO	RS (N 12
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STREET ADDRESS					6.3 STREE		ADDRESS					Ì
CITY - S1 - ZIP					6.4 CITY-							
14. I do herel	by certify that the in	formation supplied	with this filin	g does not qua	lify for the ex-	en	notion stated	in Section 119.07(3)(i), Florida	Statutes	. I further	certify the	it the
informatio	on indicated on this officer or director of in Block 12 or Block	ennual report or s the corporation or	upplemental a	annual report is or trastee empo	true and acc wered to exe	cur	rate and that tute this report	my signature shall have the sar as required by Chapter 607, Fl	ne legal Iorida St	effect as atutes; ar	if made u id that my	nder oath; that name