

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90254 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000053709

1. Corporation Name

COURTYARD 27 CORPORATION



Principal Place of Business 3615 NE 207 STREET #3310 AVENTURA FL 33180	Mailing Address 3615 NE 207 STREET #3310 AVENTURA FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 07/12/1995	4. FEI Number 65-0712323 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent

BERTHOLD, HOLLY
3615 NE 207 STREET
#3310
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name	BERTHOLD HOLLY
82 Street Address (P.O. Box Number is Not Acceptable)	3615 NE 207TH ST #3310
83	
84 City	AVENTURA
85 Zip Code	FL 33180

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/17/99
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		1.1 TITLE		Change	Addition
NAME	KROSE, GEORG			1.2 NAME			
STREET ADDRESS	3615 NE 207 STREET, SUITE 3310			1.3 STREET ADDRESS			
CITY-ST-ZIP	AVENTURA FL 33180			1.4 CITY-ST-ZIP			
TITLE	VPT	DELETE		2.1 TITLE		Change	Addition
NAME	HOENISCH, HEIDI			2.2 NAME			
STREET ADDRESS	3615 NE 207 STREET, SUITE 3310			2.3 STREET ADDRESS			
CITY-ST-ZIP	AVENTURA FL 33180			2.4 CITY-ST-ZIP			
TITLE	S	DELETE		3.1 TITLE		Change	Addition
NAME	MUELLER, FREDERICK			3.2 NAME			
STREET ADDRESS	1400 E. OAKLAND PARK BLVD. STE 210			3.3 STREET ADDRESS			
CITY-ST-ZIP	AVENTURA FL 33180			3.4 CITY-ST-ZIP			
TITLE	D	DELETE		4.1 TITLE	S.D	Change	Addition
NAME	BERTHOLD, HOLLY			4.2 NAME	BERTHOLD, HOLLY		
STREET ADDRESS	3615 NE 207 STREET			4.3 STREET ADDRESS	3615 NE 207 ST. SUITE 3310		
CITY-ST-ZIP	AVENTURA FL 33180			4.4 CITY-ST-ZIP	AVENTURA, FL 33180		
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/99

Date

305-933-5733

Daytime Phone #

CR2E034 (11/98)