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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9500065047 (9)

CORAL COVE APARTMENTS, INC.

Mailing Address Principal Place of Business 65 N.W. 168TH STREET 65 N.W. 168TH STREET N MIAMI BEACH FL 33169 N MIAMI BEACH FL 33169-6027 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1995 05/01/1996 4. FEI Number Principal Place of Business 2a, Mailing Address Applied For 65-0603554 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BEHAR, SABY 65 N.W. 168TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 N MIAMI BEACH FL 33169 83 City 85 Zip Code 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. (NOTE: Registered Agent signature required when reinslating) Signature trypics or printed name of registered agont and tire if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. DELETE 11 TITLE Change TilleF KASSIN, ROBERTO CR2E034 NAME 1.2 NAME % 65 N.W. 168TH ST. 1.3 STREET ADDRESS STREET ADDRESS N MIAMI BEACH FL 33169 1.4 CITY-ST-ZIP CITY-IST 20 DELETE 21 TITLE Change Addition Inte BAHAR, SABY 2.2 NAME N4M: % 65 N.W. 168TH ST. 2.3 STREET ADDRESS STREET ADDRESS N MIAMI BEACH FL 33169  $C \cdot T \, Y \cdot S \, I \cdot Z \, I P$ 2. 4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE THIF TRACY, GRANVIL NAME 32 NAME % 65 N.W. 168TH ST. STREET ADDRESS 3.3 STREET ADDRESS N MIAMI BEACH FL 33169 CHY-\$1-749 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE THE JARVIS, BRUCE R 4. 2 NAME NAME % 65 N.W. 168TH ST. STREET ADDRESS 4.3 STREET ADDRESS N MIAM! BEACH FL 33169 DITY-ST-7iP 4.4 CITY-ST-ZIP DELETE Change Addition THE 5.1 TITLE 5.2 NAME NAM 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY ST-719 DELETE Change Addition 61 TITLE THEF NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY - ST - ZIF 64 CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this filling 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 is equipmental 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 direction of the documental 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 direction of the documental 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 direction of the documental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that

ment with an address.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/97

Daytime Phone #

0230636