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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000006361 (5)

DOWN SOUTH APARTMENTS, INC.

FILED Jan 20 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | | III AALIE AALIA | B1488 11110 1 | PF 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|---|--|--|---|----------------------------------|----------------------------------|----------------------|--|----------------------------|-------------------------|---|
| 28252 SW 158 COURT 28252 SW 158 COURT | | | | | | | | | | |
| HOMESTEAD FL 33030 HOMESTEAD FL 33030 | | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| ľ | | | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | | 01/22/1996 | | | |
| 2. Principal P | lace of Business | . Mailing Address | | | | 4. FEI Number | | A | pplied For | |
| 21 | | 26 | 26 | | | | 65-0681769 | | | lot Applicable |
| Suite, Apt. | Suite, Apt. #, etc. | | | | | | \$8.75 | Additional | | |
| 22 | | | | | 5. Certificate of Status Desired | | Fee P | lequired | | |
| City & Stat | e | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | | Trust Fund Contribution | | Added | to Fees |
| Zip | Count | · — | Zip Country | | | | 8. This corporation owes or has paid the current year Intangible | | | |
| 24 | | | 29 30 | | | | Personal Property Tax due June 30. | | | No |
| | | eas of Current Regi | terea Agent | | 31 | Name | 10. Name and Address of New Rec | pistered A | jent | |
| ROCKMAN, LOUIS M | | | | | " | ivame | | | | |
| | 00 SW 92 STREET | | | | | Street Addre | Address (P.O. Box Number is Not Acceptable) | | | |
|) MI | AMI FL 33156 | | | | | | | | | · |
| | | | | 1 | 33 | | | | | |
| | | | | Ē | 34 | City | | | 65 Zip | Code |
| | | | | | _] | | | FL_ | | |
| 11. Pursuant office or r | to the provisions of Sec registered agent, or both | tions 607.0502 and 6 h. in the State of Flori | 607.1508, Florida Sta da. Such chance wi | atutes, the abo as authorized | bv | -named corporate | oration submits this statement for the property acceptions board of directors. I hereby accept | urpose of c t the appoi | hanging i ritment as | its registered s registered |
| agent. I a | ım familiar with, and acc | cept the obligations of | f, Section 607.0505. | , Florida Statu | tes | h | on's board of directors. I hereby accep | · ino apper | | o regional ou |
| SIGNATURE | | | | | | | | | | |
| 40 | Signature, typed or printed name of registered agent and little if applicable (NOT 12. OFFICERS AND DIRECTORS | | | | | ni signature require | ad when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE. | VIDECTO | DC IN 10 |
| TITLE | <u>ъ</u> | PETICENS AND DINE | | | 13. 1.1 TITLE | | ADDITIONS/CHANGES TO OFFIC | | Change | Addition |
| NAME | LOVE, GWENDOI | VN | occ.,c | 1.2 NAM | | | | | T Divingo | C Kodilion |
| STREET ADDRESS | 28252 SW 158 C | | | l l | | 1000000 | | | | |
| | HOMESTEAD FL | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | VPT DELETE | | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | т | Change | Addition | |
| NAME | | LOVE, LESEL | | | 2.2 NAME | | | _ | □ Ottorige | C Addition |
| STREET ADDRESS | 28252 SW 158 C | OURT | | | 2.3 STREET ADDRESS | | | | | |
| | HOMESTEAD FL | | | | | - 1 | | | | |
| CITY-ST-ZIP | 8 | | DELETE | 2. 4 CIT1 3.1 THL | | 1-ZIP | | | Change | Addition |
| NAME | LOVE, MONICA | | | 3.2 NAM | | | | L | _ Grange | |
| STREET ADDRESS | 28252 SW 158 C | OURT | | 1 | | ADDRESS | | | | |
| CITY-ST-ZIP | HOMESTEAD FL | | | | | | | | | |
| TITLE | 1,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | DELETE | 3.4. CITY 4.1 TITU | | 11 - 211 | | r | Change | Addition |
| NAME | | | | 4. 2 NAM | | ľ | | _ | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY | | | | | | |
| TITLE | | · | DELETE | 5.1 TiTLE | | 1-20 | | | Change | Addition |
| NAME | | | <u> </u> | 5.2 NAM | | | | _ | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 5.4 CITY | | | | | | } |
| TITLE | | | ☐ DELE TE | 61 TITLE | | - LIF | | | Change | Addition |
| NAME | | | | 6.2 NAM | | | | — | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | Ì |
| CITY-ST-ZIP | | | | 6.4 CITY | | | | | | |
| -711 SEL 6-11 | | | | 0.4 011 (| J | LH I | | | | 1 |

14. Thereby 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 it changed, or on an altechment with an address.

e Gwendolyn Love