

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90073 006 ***150.00

DOCUMENT # P96000016114

1. Corporation Name
FLAGLER APARTMENTS CORP.

Principal Place of Business
1988 W. TERRAMAR DR
POMPANO BCH FL 33062
US

Mailing Address
1988 W TERRAMAR DR
POMPANO BCH FL 33062
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1996

4. FEI Number

65-0645129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1045 S. FLAGLER AVE.

Suite, Apt. #, etc.

22 709

City & State

23 POMPANO BCH. FL.

Zip

24 33060

Country

25 US

2a. Mailing Address

26 11 GATEHOUSE RD.

Suite, Apt. #, etc.

27 11 GATEHOUSE RD.

City & State

28 FT. LAUDERDALE, FL

Zip

29 33308

Country

30 US

9. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD, NW, SUITE 401
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME GASTOM, MICHAEL F
STREET ADDRESS 11 GATEHOUSE RD
CITY-ST-ZIP SEA RANCH LAKES FL

TITLE SD ☐ DELETE
NAME GASTOM, LYDIA A
STREET ADDRESS 11 GATEHOUSE RD
CITY-ST-ZIP SEA RANCH LAKES FL

TITLE VD ☐ DELETE
NAME KUCHNIK, JAN
STREET ADDRESS 1988 W TERRAMAR DRIVE
CITY-ST-ZIP POMPANO BEACH FL

TITLE T ☐ DELETE
NAME KUCHNIK, BRYGIDA
STREET ADDRESS 1988 W TERRAMAR DR.
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

JAN KUCHNIK 4-6-99 (954) 946-8613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0156357