

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

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Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000041485 (9)

1. Corporation Name

THE BRITTANY APARTMENTS, INC.

Principal Place of Business

3814 W EUCLID AVENUE
TAMPA FL 33629

Mailing Address

6337 GOLFBROOK DR
WELLINGTON FL 33414
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1996

2. Principal Place of Business

2a. Mailing Address

26 3460 FAIRLANE FARMS RD.

4. FEI Number

65-0685145

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KREILING, EDWARD P
1825 N COMMERCE PARKWAY
SUITE 225
FORT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name

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

2500 WESTON ROAD

83 SUITE 220

84 City WESTON

FL

85 Zip Code

33326

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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

3/6/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME ROSEN, PAUL
STREET ADDRESS 2337 GOLFBROOK DR
CITY-ST-ZIP WELLINGTON FL

TITLE ☐ DELETE

V
NAME ROSEN, PHYLLIS
STREET ADDRESS 2337 GOLFBROOK DR
CITY-ST-ZIP WELLINGTON FL

TITLE ☐ DELETE

ST
NAME ZALDIVAR, MARY
STREET ADDRESS 13301 SW 72 AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

V
NAME ZALDIVAR, GILBERT
STREET ADDRESS 13301 SW 72 AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 recorder 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.

SIGNATURE:

PAUL ROSEN 2-16-98 561-790-7453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0320394

CR2E034 (10/97)