


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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90014 019 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000063690</b> 1. Corporation Name <b>AESTEL APARTMENTS, INC.</b>			
Principal Place of Business <b>910 NE 27TH AVE.</b> <b>POMPANO BEACH FL 33062</b>		Mailing Address <b>910 NE 27TH AVE.</b> <b>POMPANO BEACH FL 33062</b>	
2. Principal Place of Business 21 <b>4945 NW 6th ST</b> Suite, Apt. #, etc. 22 City & State 23 <b>Coconut Creek FL</b> Zip 24 <b>33063</b> Country 25 <b>US</b>		2a. Mailing Address 26 <b>4945 NW 6th ST</b> Suite, Apt. #, etc. 27 City & State 28 <b>Coconut Creek FL</b> Zip 29 <b>33063</b> Country 30 <b>US</b>	
9. Name and Address of Current Registered Agent <b>AESTEL, WILFRIED</b> <b>910 NE 27TH AVE.</b> <b>POMPANO BEACH FL 33062</b>		10. Name and Address of New Registered Agent 81 Name <b>Wilfried Aestel</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4945 NW 6th ST</b> 83 84 City <b>Coconut Creek</b> FL 85 Zip Code <b>33063</b>	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>AESTEL, WILFRIED</b> <b>910 NE 27TH AVE.</b> <b>POMPANO BEACH FL 33062</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PSTD</b> <b>Wilfried Aestel</b> <b>4945 NW 6th ST</b> <b>Coconut Creek FL 33063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Wilfried Aestel** **4-30-99**

CR2E034 (11/98)