

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND
FILED

1997 JUL 14 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA160000082044**

1. Corporation Name

MILITARY TRAIL APARTMENTS, INC.

Principal Place of Business

Mailing Address

**1500 N.W. 49th Street
Suite 500
Fort Lauderdale, Florida 33309**

**1500 N.W. 49th Street
Suite 500
Fort Lauderdale, FL 33309**

Date Incorporated or Qualified

3a. Date of Last Report

10-3-96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Boyle, Conrad J.
500 E. Broward Blvd.
Suite 1950
Fort Lauderdale, FL 33394**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D. VP.**
STREET ADDRESS **Keenan, William**
CITY-STATE-ZIP **1500 N.W. 49th Street, Suite 500
Fort Lauderdale, FL 33309**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP **600002237256--3**

TITLE ☐ DELETE
NAME **D, P, S, T**
STREET ADDRESS **Chynoweth, Dale**
CITY-STATE-ZIP **1500 N.W. 49th Street, Suite 500
Fort Lauderdale, FL 33309**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **Boyle, Conrad J.**
CITY-STATE-ZIP **500 E. Broward Blvd., Suite 1950
Fort Lauderdale, FL 33394**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/97

Date

(954) 467-2200

Daytime Phone #

CR2E034 (12/95)



pg 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 460566 7207A

AUTHORIZATION

COST LIMIT : \$ 558.75

Patricia Pujate

ORDER DATE : July 14, 1997

ORDER TIME : 10:08 AM

ORDER NO. : 460566-010

CUSTOMER NO: 7207A

CUSTOMER: Conrad J. Boyle, Esq
Mombach Boyle & Hardin, P.a.
Suite 1950
500 E. Broward Boulevard
Fort Lauderdale, FL 333943078

ANNUAL REPORT FILING

NAME: MILITARY TRAIL APARTMENTS,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS: _____

97 JUL 14 PM 12:19
DIVISION OF REGISTRATION