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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000082044 (4) DOCUMENT

MILITA	ry trail apartments, II	NC.			
Principal Plac	e of Business	Mailing Address		{	
1500 NW 49TH STREET 150		1500 NW 49TH STREET		}	
SUITE 500		SUITE 500			
FORT LAUDERDALE FL 33309		FORT LAUDERDALE FL 33309		DO NOT WRITE IN THIS SPACE	
				 Date Incorporated or Qualified 10/03/1996 	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		1-65-0768258	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Z _(p)	Country	7(p	Country	Trust Fund Contribution	Added to Fees
24	25		30	This corporation owes or has paid the cu Personal Property Tax due June 30.	irrent year Intangible ☐ Yes ☐ No
24	9. Name and Address of Curre		1	10. Name and Address of New Registered	
BOYLE, CONRAD J 81 Name					
500 EAST BROWARD BLVD. STE 1950			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
, F0	RT LAUDERDALE FL 33394				
			83		
Ļ			84 City		85 Zip Code
		007-4500-64-51-50-4-5		FL.	-
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stati	02 and 607.1508, Florida Statutes e of Florida, Such change was au	s, trie above-named corp ithorized by the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the ap	pointment as registered pointment as registered
7	im fa miliar with, and accept the oblig	gations of, Section 607.0505, Flori	ida Statutes.		j
SIGNATURE	Signature, typed or printed name of registered ac	jert and the if applicable (NOTE:	Rog stered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	VO	DELETE	1.1 TO LE		Change Addition
NAME	KEENAN, WILLIAM		1,2 NAME		
STREET ADORESS	1500 NW 49TH STREET., ST FORT LAUDERDALE FL 3330		1.3 STREET ADDRESS		
CHY-S1-ZIF	PSTD PSTD	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE NAME	CHYNOWETH, DALE	בן מננינ	21 TITLE		Chaude Chaucian
STREET ADORESS	1500 NW 49TH STREET., ST	F 500	2.2 NAME 2.3 STHEET ADDRESS		
CITY-SI-Zif	FORT LAUDERDALE FL 3330		2. 4 CITY - ST - ZIP		
MLE	7	DELETE	3.1 TOLE		Change Addition
NAME	BOYLE, CONRAD J		3.2 NAME		
STREET ADURESS	500 E. BROWARD BLVD., S1		3.3 STREET ADDRESS		×
CITY - ST - ZIP	FORT LAUDERDALE FL 3335		3.4. CITY - ST - ZIP		
TITLE]	☐ DELETE	4.1 TITLE		Charligeddition
NAME			4 2 NAME		2/10/21
STREET ADDRESS			4.3 STREET ADDRESS		11/8/2/
CITY-ST-ZIP		DELETE	4.4 CHY-S1-7iP		Change Add-tion
NAME		בן טנגנונ	5.1 TITLE 5.2 NAME		L. J Ollange L. J Muuritoii I
STREET ADDRESS			5.3 STRELT ADDRESS		
CITY-ST-7IP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	9000026238	Addition
NAME			6 2 NAME	-08/25/98010020	
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	- '
1				The state of the s	

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.

Aug 21 1998 8:00am

Secretary of State