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Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000083709 (1)

1. Corporation Name

PL APARTMENTS, INC.

Principal Place of Business

23458 TORRE CIRCLE  
BOCA RATON FL 33433

Mailing Address

23458 TORRE CIRCLE  
BOCA RATON FL 33433-7028



3. Date Incorporated or Qualified  
10/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 10718 KIRKALDY LANE

2a. Mailing Address

26 10718 KIRKALDY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 BOCA RATON, FL

27 City & State

28 BOCA RATON, FL

24 Zip

33498

25 Country

US

29 Zip

33498

30 Country

US

4. FEI Number

65-0700916

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

LICHTMAN, JONATHAN J  
110 NORTHEAST THIRD AVENUE  
SUITE 1100  
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

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

100 NORTHEAST THIRD AVENUE

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 D ☐ DELETE  
NAME LICHTMAN, JONATHAN J  
STREET ADDRESS 23458 TORRE CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ DELETE  
NAME NASS, ROBERT A  
STREET ADDRESS POST OFFICE BOX 342 N/A  
CITY-ST-ZIP REINHOLDS PA 17569

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D, P, T ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 10718 KIRKALDY LANE  
1.4 CITY-ST-ZIP BOCA RATON, FL 33498

2.1 TITLE D, VP, S ☒ 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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON LICHTMAN, PRESIDENT

Date

1/14/97

Daytime Phone #

954/462-3300

CR2E034 (9/96)