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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600083709 (1) PL APARTMENTS, INC.

Principal Place of Business	Mailing Address			OO AHAA HEBAH ONDAHO HOM ABOM
10718 KIRKALDY LANE BOCA RATON FL 33498	10718 KIRKALIDY LANE BOCA RATON FL 33498			
US	US		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 10/10/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0700916	Not Applicable
Suite, Apt. #, etc. CIRKALDY		MOY	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State	-	6. Election Campaign Financing	\$5.00 May Be
<u> </u>)	Country	Trust Fund Contribution LJ	Added to Fees
Zip Cooning P		Country	8. This corporation owes or has paid the cu	rrent year Intangible X Yes ☐ No
24 25 9. Name and Address of Currer	* · · • · · · · · · · · · · · · · · · ·	[30]	Personal Property Tax due June 30. 10. Name and Address of New Registered	
LICHTMAN, JONATHAN J 100 NORTHEAST THIRD AVENUE SUITE 1100 FORT LAUDERDALE FL 33301		82 Street Ac 83 4800 84 City	ddress (P.O. Box Number is Not Acceptable) CTV MY CENTRE V 19 FERENCE HOWEN	SUIST D ~100 85 Zip Code
11. Pursuant to the provisions of Sections 607 050	2 au 607 1508 Florida Statute	as the above-named co	Congration submits this statement for the purpose of	- 53437
11. Pursuant to the provisions of Sections 607 050 office or registered agent or both, in the State	of Horida, Such change was a	uthorized by the corpo	ration's board of directors. I hereby accept the app	pointment as registered
agent. I am familiar with and according	ations of, Section 607.0505, Flo	_	LICHTMAN	le
SIGNATURE	est and title if applicable (NOTE	Registered Agent signature re-	SIDONY 2/SI	38
	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
DPT DPT	☐ DEL€TE	1.1 TITLE		Change Addition
NAME LICHTMAN, JONATHAN J		1.2 NAME		
STREET ADDRESS 10718 KIRKALOY LANE		1.3 STREET ADDRESS	10718 KIRKALDY LAN	te
CITY-ST-ZIP BOCA RATON FL 33498		1.4 CITY-ST-ZIP	<u>=</u>	
TITLE DVS	DELETE	2.1 TITLE		Change
NASS, ROBERT A		2.2 NAME		<i>γ</i> · –
STREET ADDIRESS POST OFFICE BOX 342 N/A	I		300 LAUREL RIOLS ROAD	Annual Control of the
CITY-ST-ZIP REINHOLDS PA 17569		2. 4 CITY-ST-ZIP	,	
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		:
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-S1-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 7/TLE		Change Addition
NAME		4. 2 NAME		:
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-SY-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		- —
STREET ADDRESS		5.3 STREET ADDRESS		•
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TIFLE	DELETE	6 1 TITLE	18 P. B. W. C.	Change Addition
NAME		6.2 NAME		·
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-SI-ZIP	,	64 CITY-ST-ZIP		
14. I hereby certify that the information supplied w	ith this filing does not qualify fo		in Section 119.07(3)(i), Florida Statutes. I further co	ertify that the information

FILED

Feb 12 1998 8:00am

Secretary of State