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

SIGNATURE:

Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham' ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P96000096043 (0) DOCUMENT # CORTEZ APARTMENTS, INC. Principal Place of Business Mailing Address 1416 CEDAR BAY LANE 1416 CEDAR BAY LANE SARASOTA FL 34231 SARASOTA FL 34231 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/25/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 65-0710162 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Zin 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 29 10. Name and Address of New Re-Name and Address of Current Registered Agent NarMoGuire, Pratt, Masic & Parrance. SILBERSTEIN, DAVID M. 720 SOUTH DRANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34238 Third Avenue 84 Bradenton Bradenton Zip Code 607 1508, Portica Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the was authorized by the corporation's board of directors. I hereby accept the appointment as registered of corporation to 7,0305, Florida Statutes. SIGNATURE BY and tyle II syrphrability (IIQTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE LUDWIG, CLARENCE J 1.2 NAME NAME 221 VESTAVIA DRIVE 1.3 STREET ADDRESS STREET ADDRESS VENICE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME MACASKILL, JOHN 2.2 NAME STREET ADDRESS 1416 CEDAR BAY LANE 2 3 STREET ADDRESS SARASOTA FL 2.4 CITY-ST-ZIP City-St-ZiP DELETE Change Addition TITLE 3.1 TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 YITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 suppliemental annual report it true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or truffed tympowered 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 this direction.

FILED