

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000103305 (4)**

1. Corporation Name  
**GOLDEN GLADES APTS., INC.**



Principal Place of Business  
**225 ARAGON AVE  
MIAMI FL 33134**

Mailing Address  
**225 ARAGON AVE  
MIAMI FL 33134-5008**

3. Date Incorporated or Qualified  
**12/19/1996**

3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>05-0715138</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22 Suite Apt. #, etc.		27 Suite, Apt. #, etc.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23 City & State		28 City & State					
24 Zip		29 Zip		30 Country			

9. Name and Address of Current Registered Agent <b>BATTISTI, CHARLES W 2901 LE JEUNE RD SUITE 101 CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent			
Y				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLATSTEIN, ANDREW</b>	1.2 NAME	
STREET ADDRESS	<b>6485 SW 52ND ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33155</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRENNAN, THOMAS J</b>	2.2 NAME	
STREET ADDRESS	<b>225 ARAGON AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRENNAN, JOSEPH P</b>	3.2 NAME	
STREET ADDRESS	<b>225 ARAGON AVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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]* **MANAGER** Date: **4/8/97** Daytime Phone #: **4458821**

CR2E034 (9/96)