FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000053942 (3) WILTON MANORS APARTMENTS, INC. Principal Place of Business Mailing Address 2450 HOLLYWOOD BLVD 2450 HOLLYWOOD BLVD SHITE AM SHITE 401 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33020 3. Date incorporated or Qualified 06/18/1997 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 679807Z 21 Not Applicable Po Set. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired PO BOX Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FEDER, LAWRENCE H 2450 HOLLYWOOD BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 401 83 HOLLYWOOD FL 33020 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 trin if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE FEDER, LAWRENCE H NAME 1.2 NAME 2450 HOLLYWOOD BLVD, STE 401 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. 1 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 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 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the information is 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 is 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 in the information is 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 in the information indicated in the information is 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 is supplied with the information indicated in the information indicated in the information is supplied with the information indicated in the informatio

5.4 CITY - ST - ZIP

6.1 TITLE

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☐ Change

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