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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800007808

1. Corporation Name

DODGE APTS., INC.

Principal Place of Business

Mailing Address

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90015 044 ***150.00



420 SOUTHEAST 12TH AVENUE POMPANO BEACH FL 33060-7426			420 SOUTHEAST 12TH AVENUE POMPANO BEACH FL 33060-7426						
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						3. Date Incorporated	or Qualifed		7
						01/26/1998		<u></u>	
2. Principal P	lace of Business	2a. I	Mailing Address	•	,	4. FEI Number			Applied For
21	·	26	-			65-08134	33		Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status			5 Additional
22		27				5. Certificate of Statu	a Desileo . L	·· Fee	Required .
City & Stat	te		City & State			6. Election Campaigr	Financing		00 May Be
23	•	28				Trust Fund Contrit	oution	Add	ed to Fees
Zip	Country		Zip	Count	ry	8. This corporation of			(F)
			30		Personal Property		☐ Yes	∭No	
	9. Name and Address	of Current Registe	ered Agent		al	10. Name and Addre	ss of New Regi:	stered Agent	
000	OCE CORDON E			8	Name	anor I. Dodge			
	OGE, GORDON E	ENILIE			2 Street	Eleanor L. Dodge Street Address (P.O. Box Number is Not Acceptable) 420 Southeast 12 th Avenue			
	SOUTHEAST 12TH AVE			L		Southeast 12	th Ave	nue	
PON	IPANO BEACH FL 3306	00-/420		8	33				
•				8	4 City			85 Z	ip Code
					⊢ Poπ	pano Beach		FL 3	3060
11. Pursuant	to the provisions of Section	ns 607.0502 and 60	7.1508, Florida Statutes	s, the abo	ve-named	corporation submits this state oration's board of directors. If	ment for the purp sereby accept the	pose of changing e appointment as	its registered registered
oπice or r agent. I a	registered agent, or both, in am familiar with, and accept	t the obligations of, S	Section 607.0505, Flori	da Statute	es.	oration o board or on outcom.		././	
	1 /2 //						. /	LHADIA	0114
SIGNATURE	19 1/1 am	on D.	Lodge				<u> </u>	<u> 7/ (17 /)</u>	7.7./
SIGNATURE	Signature, typed or printed name of		applicable. J (NOTE: I	Registered A		required wheri reinstating)	<u></u>	DATE DIDE	77)
12.	Signature, typed or printed name of	registered agent and title if it	applicable. (NOTE: E	Registered A	gent signature	ADDITIONS/CHAN	GES TO OFFICE		
	Signature, typed or printed name of		applicable. J (NOTE: I	Registered Ag 13. 1.1 TITLE	gent signature	ADDITIONS/CHAN		DATE ERS AND DIREC	
12.	Signature, typed or printed name of		applicable. (NOTE: E	13. 1.1 TITLE	gent signature	P/S/T Eleanor L. D	odge	☐ Chan	
12. /	Signature, typed or printed name of OFF		applicable. (NOTE: E	13. 1.1 TITLE 1.2 NAME	gent signature E E EET ADDRESS	P/S/T Eleanor L. D 420 Southeas	odge t 12th .	☐ Chan	ge 🔀 Addition
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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 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, with all other like empowered.

⊋Eleanor L. Dodge⊻

954-941-0711

Daytime Phone #