IND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

:TADDRESS

\*TADORESS

iT-ZIP



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## CUMENT #

orporation Name	P9000000011
APARTMENT SPECIALISTS, INC.	

Mailing Address ipal Place of Business NW 99TH AVENUE 7624 NW 99TH AVENUE ARAC FL 33321 TAMARAC FL 33321 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/27/1998 4. FEI Number Applied For 2a. Mailing Address rincipal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. uite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be ity & State -Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes the current year Country □ No Yes Intangible Personal Property. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Jalinas, Debra A Street Address (P.O. Box Number is Not Acceptable) 7624 NW 99TH AVENUE TAMARAC FL 33321 83 84 City 85 Zip Code 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 appropriately with, and accept the abligations of, section 607.0505, Florida Statutes. DATE (NOTE: Registered Agent signature required when reinstating) egent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 1.1 TITLE \_ Change L\_ Addition DELETE JALINAS, DEBRA A 1.2 NAME 1.3 STREET ADDRESS 7624 NW 99TH AVENUE **TADDRESS** Tamarac FL 33321 1.4 CITY-ST-ZIP T-ZIP Change Addition 2.1 TITLE DELETE 2.2 NAME 2.3 STREET ADDRESS T ADDRESS 2.4 CITY-ST-ZIP T-ZIP DELETE 3.1 TITLE ~ \_\_ Change Addition 3.2 NAME 3.3 STREET ADDRESS :TADDRESS 3.4 CITY-ST-ZIP ST-ZIP \_\_\_ Change 4.1 TITLE Addition DELETE 4.2 NAME 4.3 STREET ADDRESS :TADDRESS 4.4 CITY-ST-ZIP :T-ZIP 51 TITLE DELETE

> 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

**FILED** Sep 10, 1999 8:00 am Secretary of State

09-10-1999 90009 025 \*\*\*150.00 614226 - 90009 - 25 6 \* CR2E034 (5/99) Change \_\_\_ Addition Addition Change I hereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information ndicated on this annual report or supplementation 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 n Block 12 or Block 13 in charged, or on an attachment with an address.

9/1/99 P98000066111 614226-90009-25

To Whom it May Concern:

Notification that I, Debia Jalinas, president of Apartment Specialists, Inc., did pot receive and was not aware of the first notification that I was told to me that was sent for renewal of my incorporation. I inquired about it when I received this and notice with a penalty of \$55000. At that time I called you and you told me to write this letter and send \$15000. Being that this is my first time renewing I am sorry for the oversight, as I did Not know the renewal process and dates. I am enclosing 1#365% in the amount of \$15000 and will know next year to renew on time.

Metra ann falinas #65-0840487