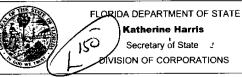
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



Mailing Address

DOCUMENT# 1. Corporation Name

Principal Place of Business

P98000106222

1800 E Commercial Blub

APARTMENT'S + Motel Corp

FILED Aug 02, 1999 8:00 am Secretary of State 08-02-1999 90010 008 ***150.00

08-02-1999 90010 007 *****8.75



519 An	tioch Ave	2800 E. Com.	mer	ciale	Blub				
Ft. LAUderdale, fl St. 208 Ft. LAUder			4.			DO NOT WRITE IN THIS SPACE			
Ft. LAUd	Ft. LAUder	2800 E. Commercial Blue St. 208 T. LAUderdale, fl			3. Date Incorporated or Qualified 2-2/-/998				
2. Principal Place	of Business	2a. Mailing Address	- C			4. FEI Number		Ap	oplied For
21		26				65-10881552		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	28			Trust Fund Contribution		•	to Fees
Zip	Country				8. This corporation owes the current year Intangible				
24	25	29 30	5			Personal Property Tax.		☐ Yes	□No
	Name and Address of Current F	Registered Agent	<u>'</u>			10. Name and Address of New R	egistered A	gent	
110010	1	81 Name							
HINSTLES	-	82 Street Address (P.O. Box Number is Not Acceptable)							
HASTEROK MARÍON 1501 BAYVIEW DR APT 201				83			 		
14 1011 doctate of 222 2011				B4 City			FL	85 Zip	Code
11 Suggest Who provisions of Sections 507 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 nereby accept the appointment as registered									
agent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	ture, typed or printed name of registered agent a	ad title if applicable (NOTE: Re	rietarad A	gent signature rec	ouired wi	nen reinstaling)	DATE		
12.	13.	gont agrature re-	401100 17	ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12		
TITLE //	OFFICERS AND	-	1.1 TITL	E				☐ Change	☐ Addition
,,,,r ///	ASTEROK WERN		1,2 NAM						
LIDI BOULLOUF DE				EET ADORESS					
STREET ADDRESS SUPERIOR ST. 1 Audordale \$1 33304				14 CITY-ST-ZIP					
TITLE /	· ZAUDENGUIE, A	□ DELETE	2.1 TITL					Change	☐ Addition
NAME H	ASTEROK MOR	100	2.2 NAM						
	HASTEROK MARION DELETE								ļ
STREET ADDRESS									
CITY-ST-ZIP	PT. Xallel	DELETE	3.1 TITL	Y-ST-ZIP				Change	Addition
NAME	- . . ~		3.2 NAA	- 1		المار المسيدة المعجد			}
STREET ADDRESS		·		EET ADDRESS					ł
				Y-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL					Change	Addition
NAME			4.2 NA					-	ł
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			ŀ	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL					Change	☐ Addition
NAME			5.2 NAM	- 1					
STREET ADORESS			5.3 STR	EET ADDRESS					
CITY-ST-ZIP			5.4 C/TY	/-ST-ZIP					}
TITLE		☐ DELETE	6.1 TITL					☐ Change	Addition
NAME		_	6.2 NAM	1E					
STREET ADDRESS			6.3 STR	EET ADDRESS					
l [-ST-ZIP					
CITY-ST-ZIP	4.74		J., J.			C 440.07/0\(C) Fl-=d- Chat.doc I	A		oformation

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, of on an attachment with an address, with all other like empowered.

SIGNATURE: