## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	S12663
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BAHAMA APARTMENTS OF MELBOURNE, INC	
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Principal Place of Business Mailing Address 340 BAY POINT DRIVE 340 BAY POINT DRIVE MELBOURNE FL 32935 MELBOURNE FL 32935 3a. Date of Last Report 3. Date Incorporated or Qualified 11/13/1990 07/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-6793828 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country  $Z_{\rm IP}$ This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes 📝 No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHERIN, HARRIS A. Street Address (P.O. Box Number is Not Acceptable) 82 340 BAY POINT DRIVE MELBOURNE FL 32935 83 84 City 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. ne of registered agent and title SIGNATURE (NOTE: Ring stered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)12 OFFICERS AND DIRECTORS 13. Change DELETE 1 1 TITLE TITLE CHERIN, HARRIS A. 1 2 NAME CR2E034 NAME 340 BAY POINT DR. 1.3 STREET ADDRESS STREET ADORESS MELBOURNE FL 1 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City - St-ZIP DELF TE Change Addition 31 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADOFESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIF DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET AC DRESS STREET ADDRESS 5 4 CHTY - ST - ZIF CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/86 (407) 255-2622