

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

pg. 1082

97 AUG 13 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S42131** (0)

1. Corporation Name  
**WHITE DOVE APTS., INC.**

Principal Place of Business

**934 CAPRI ISLES BLVD  
APT. #208  
VENICE FL 34292  
US**

Mailing Address

**934 CAPRI ISLES BLVD  
APT. #208  
VENICE FL 34292  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/01/1991</b>	3a. Date of Last Report <b>06/04/1996</b>
4. FEI Number <b>65-0257762</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. <b>241 PARK BLVD. SOUTH</b> Suite, Apt. # etc. 22. <b>VENICE</b> City & State 23. <b>34295</b> Zip 24. <b>FL</b> Country	2a. Mailing Address 25. <b>241 PARK BLVD. SOUTH</b> Suite, Apt. # etc. 26. <b>VENICE</b> City & State 27. <b>34295</b> Zip 28. <b>FL</b> Country
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9. Name and Address of Current Registered Agent

**DUFF, ERNEST A  
934 CAPRI ISLES BLVD.  
APT. #208  
VENICE FL 34292**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. <b>600002270296--7</b> <b>-08/18/97--01135--024</b> <b>****165.00 ****165.00</b> <b>FL</b>
84. City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUFF, ARLENEC</b>	1.2 NAME	
STREET ADDRESS	<b>934 CAPRI ISLES BLVD., APT. 208</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUFF, ERNEST A</b>	2.2 NAME	
STREET ADDRESS	<b>1041 US 41 BY PASS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUFF, ERNEST A.</b>	3.2 NAME	
STREET ADDRESS	<b>934 CAPRI ISLES BLVD., APT. 208</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE \_\_\_\_\_

SIGNATURE REQUIRED \_\_\_\_\_

*A. Alan*  
*8/13/97*

CR2E034 (4/97)

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# WHITE DOVE APARTMENTS, INC.

241 PARK BLVD - SOUTH - APT A  
VENICE, FLORIDA 34285

(941) 488-7468

FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FLORIDA 32314

RE: WHITE DOVE APTS, INC. - CORPORATE ANNUAL REPORT

GENTLEMEN:

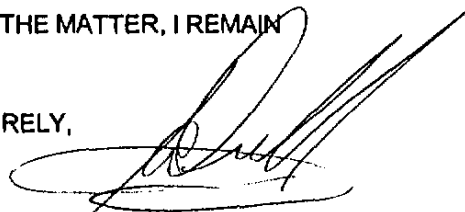
ATTACHED PLEASE FIND OUR PREPARED FORM OF OUR ANNUAL CORPORATE  
REPORT FOR 1997.

DUE TO THE CHANGE OF ADDRESS THIS WAS THE FIRST NOTICE WE RECEIVED.

WE HAVE BEEN FILING THE REPORTS SINCE 1991, AND HAVE NEVER BEEN TARDY.  
WE RESPECTFULLY REQUEST THAT YOU ACCEPT OUR PAYMENT OF \$ 165.00 FOR 1997 AS IN  
WAS TOTALLY UNINTENTIONAL.

THANKING YOU FOR YOUR ASSISTANCE IN THE MATTER, I REMAIN

SINCERELY,



ERNIE A. DUFF, PRESIDENT  
WHITE DOVE APARTMENTS, INC.

EAD:jpl  
Encl.

CLIENT'S COPY