

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S42131** (0)
1. Corporation Name
WHITE DOVE APTS., INC.



Principal Place of Business
**2411 PARK BLVD. SOUTH
VENICE FL 34285
US**

Mailing Address
**2411 PARK BLVD. SOUTH
VENICE FL 34285
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 241 PARK BLVD S Suite, Apt. #, etc.		2a. Mailing Address 26 241 PARK BLVD S Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/01/1991	
22 City & State 23 VENICE FL		27 City & State 28 VENICE FL		4. FEI Number 65-0257762 Applied For Not Applicable	
24 34285 25 FLORIDA		29 34285 30 FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 VENICE FL		28 VENICE FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 34285 25 FLORIDA		29 34285 30 FLORIDA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUFF, ERNEST A
934 CAPRI ISLES BLVD. 241 PARK BLVD S
APT. #208
VENICE FL 34285

81 Name **DUFF ERNEST A**
82 Street Address (P.O. Box Number is Not Acceptable)
241 PARK BLVD S
83
84 City **VENICE** FL 85 Zip Code **34285**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when reinstating)

1/22/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFF, ARIENE C.	1.2 NAME	DUFF ARIENE C.
STREET ADDRESS	934 CAPRI ISLES BLVD., APT. 208	1.3 STREET ADDRESS	241 PARK BLVD S
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE FL 34285
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFF, ERNEST A	2.2 NAME	DUFF ERNEST A
STREET ADDRESS	934 CAPRI ISLES BLVD., APT. 208	2.3 STREET ADDRESS	241 PARK BLVD S
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	VENICE FL 34285
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

CR2E034 (10/97)