FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:55

DOCUMENT # **S47319** **(6)**

1. Corporation Name
FLORIDIAN APARTMENTS, INC.

Principal Place of Business	Mailing Address
~~720 SW 2ND COURT~~ ~~FT LAUDERDALE FL 33312~~ ~~US~~	~~2061 SE 17TH STREET~~ ~~POMPANO BEACH FL 33062-7015~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1991	3a. Date of Last Report: 04/29/1994
2. Principal Place of Business 21 1461 S. Ocean Blvd. Suite, Apt. #, etc. 22 #305 City & State 23 Pompano Beach, FL Zip 24 33062 Country 25 USA	2a. Mailing Address 26 P.O. Box 2508 Suite, Apt. #, etc. 27 City & State 28 Pompano Beach, FL Zip 29 33072 Country 30 USA
4. FEI Number: 65-0262375 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZIELINSKI, ROBERT D. ~~2061 S.E. 17TH ST.~~ POMPANO BEACH FL 33062	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1461 S. Ocean Blvd. 83 #305 84 City: Pompano Beach FL 85 Zip Code: 33062

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	ZIELINSKI, ROBERT D.	12 NAME	
STREET ADDRESS	~~2061 S.E. 17 ST.~~	13 STREET ADDRESS	1461 S. Ocean Blvd., #305
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	ZIELINSKI, PATRICIA A.	22 NAME	
STREET ADDRESS	~~2061 S.E. 17 ST.~~	23 STREET ADDRESS	1461 S. Ocean Blvd., #305
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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)(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 any attachment with an address.

SIGNATURE: Robert D. Zielinski 3/21/95 305-942-2449
SIGNATURE AND/OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert D. Zielinski

0103083 CP