

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:49

DOCUMENT # **S99144** (5)

1. Corporation Name
ORCHARD VILLAS APARTMENTS, INC.

Principal Place of Business Mailing Address
2840 S.W. THIRD AVENUE **2840 S.W. THIRD AVENUE**
MIAMI FL 33129 **MIAMI FL 33129**

DO NOT WRITE IN THIS SPACE

3. Date first incorporated or qualified 12/09/1991	3a. Date of Last Report 05/01/1994
4. FIC Number 65-0301514	Applied For Not Applicable
5. Certificate of Status Desired ()	\$8.75 Additional Fee Required
6. Election Campaign Financing / Free Fund Contribution ()	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under 19-1991(3), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21.	26.
22.	27.
23.	28.
24.	29.

9. Name and Address of Current Registered Agent

SCOTT, CHARLES R.
2840 S.W. THIRD AVENUE
MIAMI FL 33129

10. Name and Address of New Registered Agent

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03.

04. City

05. Zip Code

FL

11. Pursuant to the provisions of Sections 807.0502 and 807.1548, Florida Statutes, the above named corporation admits 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 807.0506, Florida Statutes.

SIGNATURE Title of Agent or predecessor registered agent Title of Registered Agent or Predecessor Registered Agent

12. OFFICE FILE AND DIRECTORS

1. TITLE	D
2. NAME	SCOTT, CHARLES R.
3. STREET ADDRESS	2840 S.W. THIRD AVENUE
4. CITY, ST, ZIP	MIAMI FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Address
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Address
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Address
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Address
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I do hereby certify that the information submitted with this filing is substantially true and correct and that my signature shall have the same legal effect as if made personally. I am an officer or director of the corporation or the recipient or transferee of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or 14 of this report, or certain attachment with an address.

SIGNATURE: *Charles R. Scott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles R. Scott Director