FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V13558** **(4)**

1. Corporation Name

CHEL-MAR APARTMENTS CORP.

Principal Place of Business	Mailing Address
5211 NE 33RD AVENUE FORT LAUDERDALE FL 33308 US	5211 NE 33RD AVENUE FORT LAUDERDALE FL 33308 US

3. Date Incorporated or Qualified: 02/12/1992
3a. Date of Last Report: 08/01/1995

4. FEI Number: 65-0314964 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2343 N.E. 28th Street	26 P.O. Box 5441
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lighthouse Point, FL.	City & State 28 Lighthouse Point, FL.
Zip 24 33064 Country 25 Broward	Zip 29 33074-5441 Country 30 Broward

9. Name and Address of Current Registered Agent

PANUCCIO, DOMINICK
5211 NE 33RD AVENUE
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Panuccio, Dominick
82 Street Address (P.O. Box Number is Not Acceptable): 2343 N.E. 28th Street
83
84 City: Lighthouse Point, FL 85 Zip Code: 33064

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. (New) Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PANUCCIO, DOMINICK		1.2 NAME	PD Panuccio, Dominick
STREET ADDRESS	5211 NE 33RD AVE.		1.3 STREET ADDRESS	2343 N.E. 28th Street
CITY-ST-ZIP	FT. LAUD FL		1.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	[redacted]PANUCCIO, FRANK		2.2 NAME	
STREET ADDRESS	57 LEBRUN AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	AMITYVILLE NY		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, (PANUCCIO) MAR		3.2 NAME	
STREET ADDRESS	195 SEQUAMS LANE CENTER		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ISLIP NY		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: Dominick Panuccio 4/2/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOMINICK PANUCCIO, PRESIDENT