FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # V26456 (6)

1. Corporation Name

CENTRAL CITY APARTMENTS CORPORATION

Principal Place of Business	Mailing Address
1460 BRICKELL AVE SUITE 309 MIAMI FL 33131	1460 BRICKELL AVE SUITE 309 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1992
3a. Date of Last Report: 08/10/1994
4. FEI Number: 65-0509932 — 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip · 25 Country	29 Zip · 30 Country

9. Name and Address of Current Registered Agent

GREATER MIAMI NEIGHBORHOODS INC
1460 BRICKELL AVE 309
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	CANON, JUDITH	600001475516
STREET ADDRESS	6720 SW 124TH ST	-05/04/95--01027--017
CITY-ST-ZIP	MIAMI FL	***3896.25 ****208.75
TITLE	D	☐ Change ☐ Addition
NAME	COHEN, VICTOR L	
STREET ADDRESS	721 NW 1ST AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	☐ Change ☐ Addition
NAME	FAIR, TALMADGE W	
STREET ADDRESS	8500 NW 25TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ Change ☐ Addition
NAME	ROULHAC, PETER W	
STREET ADDRESS	201 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ Change ☐ Addition
NAME	LYNN C. WASHINGTON	
STREET ADDRESS	701 BRICKELL AVE STE 3000	
CITY-ST-ZIP	MIAMI FL 33131	$875
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: Lynn C. Washington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lynn C. Washington

5/1/95 Date
(305) 389-7798 Daytime Phone #

0127027 CP