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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

2. Principal Place of Business

98 AVENIDA MESSINA

SARASOTA FL 34242

Suite, Apt. #, etc.

City & State

Zip

21

22

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V59741

(1)

MIRAMAR BEACH APARTMENTS, INC.

Country

officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

9. Name and Address of Current Registered Agent

25

PFLUGNER, J. GEOFFREY 2033 MAIN STREET, SUITE 600

Mailing Address

98 AVENIDA MESSINA

SARASOTA FL 34242

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

29

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

49-6800

☐ Yes

Not Applicable

3. Date Incorporated or Qualified

08/24/1992

65-0353287

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

2033 MAIN STREET, SUITE 600 SARASOTA FL 34237			82	2 Street Address (P.O. Box Number is Not Acceptable)		
SANASOTA FL 34237			83			
			Ш			
			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE						
12. OFFICERS AND DIRECTORS 13.						
TITLE	P	DELETE	1.1 TITLE		Change Addition	
NAME	RUESEWALD, MARY ANN		1.2 NAME			
STREET ADDRESS	98 AVENIDA MESSINA		1.3 STREET	ADORESS		
CITY - ST - ZIP	SARASOTA FL		1.4 CITY-ST			
TITLE	ST	DELETE	2.1 TITLE		Change Addition	
NAME	RUESWALD, MARY ANN	ŀ	2.2 NAME			
STREET ADDRESS	98 AVENIDA MESSINA		2.3 STREET	ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2. 4 CTY-S	T- ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME		1	3.2 NAME			
STREET ADDRESS		ľ	3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-\$	r- ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME		ľ	4. 2 NAME	i		
STREET ADDRESS			4.3 STREET /	ADDRES\$		
CITY-ST-ZIP			4.4 CITY-ST	-ZIP		
TITLE	L	DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET /	NDDRESS		
CITY-ST-ZIP			5.4 CITY-ST	- ZIP		
TITLE	L	DELETE	6.7 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	DDRESS		
CITY-ST-ZIP	manufacture that the College of Congress of of C		6.4 CITY-ST			
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 pains appears in						

Country

81 Name

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