

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

200-69

DOCUMENT # **V62857** (0)

1. Corporation Name:

**FLAMINGO WEST APARTMENTS, INC.**



Principal Place of Business:

48 CLOVER LANE  
ROSLYN HEIGHTS NY 11577

Mailing Address:

48 CLOVER LANE  
ROSLYN HEIGHTS NY 11577

2. Principal Place of Business:

2a. Mailing Address:

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State:

27 City & State:

24 Zip Country

25 Country

29 Zip Country 30

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

81 Name:

82 Street Address (P.O. Box Numbers Not Acceptable):

83

84 City:

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.17(2)(B), 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 607.17(2)(B), Florida Statutes.

SIGNATURE

*Robert Zipper*

4-1-96

12. OFFICERS AND DIRECTORS:

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	ZIPPER, GARY	
STREET ADDRESS	48 CLOVER LANE	
CITY, ST, ZIP	ROSLYN HEIGHTS NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZIPPER, ROBERTA	
STREET ADDRESS	48 CLOVER LANE	
CITY, ST, ZIP	ROSLYN HEIGHTS NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96:

11 TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ZIPPER, ROBERTA	
13 STREET ADDRESS	48 CLOVER LA.	
14 CITY, ST, ZIP	ROSLYN HEIGHTS, N.Y. 11577	
21 TITLE	<del>ST</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ZIPPER, ROBERTA	
23 STREET ADDRESS	48 CLOVER LA.	
24 CITY, ST, ZIP	ROSLYN HEIGHTS N.Y. 11577	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is verifiably finished and I do not qualify for the exemption stated in Section 119.07(2)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 president 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, unchanged, or on an addition or deletion.

SIGNATURE:

*Robert Zipper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

516 621-8389

CR2E034 (12/95)