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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 756326 (5)

1. Corporation Name
121 SOUTH LAKESIDE APTS., INC.



Principal Place of Business: 121 SOUTH LAKESIDE DR. LAKE WORTH FL 33460
Mailing Address: 3812 CHALLENGER CIRCLE % A. M. ALMEIDA LANTANA FL 33462-5725 US

3. Date Incorporated or Qualified: 02/12/1981
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business: 21 121 S. LAKESIDE APTS
22 121 S. LAKESIDE DR.
23 LAKE WORTH, FLA.
24 33460
25 PALM BEACH
2a. Mailing Address: 26 3812 CHALLENGER CIRCLE
27 LANTANA, FLA. 33462
28 LANTANA, FLA.
29 33462
30 P. BEACH
4. FEI Number: 65-0538860
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: ALMEIDA, ARMAND M 3812 CHALLENGER CIRCLE LANTANA FL 33462
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: Armand M. Almeida, Pres. DATE: 2/18/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	ALMEIDA, ARMAND P MD	1.2 NAME	
STREET ADDRESS	3812 CHALLENGER CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	GREENE, FRANK S	2.2 NAME	
STREET ADDRESS	121 SOUTH LAKESIDE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	COOK, JAMES C	3.2 NAME	
STREET ADDRESS	3120 LAKE OSBORNE DR., NO. 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Armand M. Almeida DATE: 2/18/97 966-2497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0043787

CR2E037 (9/96)