

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **102103 (9)**

BEVERLY TERRACE MANOR CORPORATION



Principal Place of Business

Mailing Address

**3224 BISCAYNE BLVD
MIAMI FL 33137**

**3224 BISCAYNE BLVD
MIAMI FL 33137**

2. Mailing Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

**DIMES, WILLIAM S.
3224 BISCAYNE BLVD. F-3
MIAMI FL 33137**

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 3. Date Incorporated or Qualified 09/07/1925 | 3a. Date of Last Report 04/19/1995 |
| 4. FEI Number NOT APPLICABLE | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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 607.0500 and 607.1816, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (or principal office, 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 not the same person as the original registered agent under Florida Statutes.

STATUTORY

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 12. NAME: P DIMES, WILLIAM S 13. STREET ADDRESS: 3224 BISCAYNE BLVD 14. CITY-STATE-ZIP: MIAMI FL 33137 15. TITLE: V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. NAME: DINUNZIO, PHILLIS 13. STREET ADDRESS: 3224 BISCAYNE BLVD APT F-1 14. CITY-STATE-ZIP: MIAMI FL 33137 15. TITLE: S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME: DECONNA, CLAIRE 13. STREET ADDRESS: 3224 BISCAYNE BLVD 14. CITY-STATE-ZIP: MIAMI FL 33137 15. TITLE: T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME: CORRADO, JOHN 13. STREET ADDRESS: 3224 BISCAYNE BLVD 14. CITY-STATE-ZIP: MIAMI FL 33137 15. TITLE: D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME: MOZO, PEARLE 13. STREET ADDRESS: 3224 BISCAYNE BLVD APT 1B 14. CITY-STATE-ZIP: MIAMI FL 15. TITLE: D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME: CZAJKA, MATTHEW 13. STREET ADDRESS: 3224 BISCAYNE BLVD 14. CITY-STATE-ZIP: MIAMI FL 33137 15. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **Emily Hofstator** Change Addition

2. STREET ADDRESS: **3224 Biscayne Blvd.**

3. CITY-STATE-ZIP: **Miami, FL 33137** (Director)

4. TITLE: Change Addition

5. NAME: Change Addition

6. STREET ADDRESS: Change Addition

7. CITY-STATE-ZIP: Change Addition

8. TITLE: Change Addition

9. NAME: Change Addition

10. STREET ADDRESS: Change Addition

11. CITY-STATE-ZIP: Change Addition

12. TITLE: Change Addition

14. I do hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this return to be supplied in the 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12.

SIGNATURE: *William S. Dimes* **WILLIAM S. DIMES**

JAN 15 1996

545-4221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)