

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

**FILED**

**Mar 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 102103 (9)**

1. Corporation Name  
**BEVERLY TERRACE MANOR CORPORATION**



Principal Place of Business: **3224 BISCAYNE BLVD MIAMI FL 33137**  
Mailing Address: **3224 BISCAYNE BLVD MIAMI FL 33137-4137**

3. Date Incorporated or Qualified: **09/07/1925**  
3a. Date of Last Report: **01/24/1996**  
4. FEI Number: **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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**DIMES, WILLIAM S.  
3224 BISCAYNE BLVD. F-3  
MIAMI FL 33137**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>DIMES, WILLIAM S</b>
STREET ADDRESS	<b>3224 BISCAYNE BLVD</b>
CITY-ST-ZIP	<b>MIAMI FL 33137</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>DINUNZIO, PHILLIS</b>
STREET ADDRESS	<b>3224 BISCAYNE BLVD APT F-1</b>
CITY-ST-ZIP	<b>MIAMI FL 33137</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>DECONNA, CLAIRE</b>
STREET ADDRESS	<b>3224 BISCAYNE BLVD</b>
CITY-ST-ZIP	<b>MIAMI FL 33137</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CORRADO, JOHN</b>
STREET ADDRESS	<b>3224 BISCAYNE BLVD</b>
CITY-ST-ZIP	<b>MIAMI FL 33137</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MOZO, PEARLE</b>
STREET ADDRESS	<b>3224 BISCAYNE BLVD APT 1B</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CZAJKA, MATTHEW</b>
STREET ADDRESS	<b>3224 BISCAYNE BLVD</b>
CITY-ST-ZIP	<b>MIAMI FL 33137</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>(TRCA SURER)</b>
4.3 STREET ADDRESS	<b>MARSHA McCREARY</b>
4.4 CITY-ST-ZIP	<b>3224 BISCAYNE BLVD (2D)</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>MIAMI, FLA 33137</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (PRES) 01-14-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)