

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90098 009 \*\*\*150.00

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DOCUMENT # 102103

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

(3F)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1925

4. FEI Number

NOT APPLICABLE

Applied For

☒ 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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

01-14-99

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

|                    |                              |                                                                                         |
|--------------------|------------------------------|-----------------------------------------------------------------------------------------|
| 1.1 TITLE          | GOV CENTER                   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | 3224 Biscayne BLVD Apt 2F    |                                                                                         |
| 1.3 STREET ADDRESS | Miami, FLA 33137 (TREASURER) |                                                                                         |
| 1.4 CITY-ST-ZIP    |                              |                                                                                         |
| 2.1 TITLE          | PETE DONCH                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 2.2 NAME           | 3224-Biscayne BLVD Apt 2F    |                                                                                         |
| 2.3 STREET ADDRESS | Miami, FLA 33137 (Director)  |                                                                                         |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 4.2 NAME           |                              |                                                                                         |
| 4.3 STREET ADDRESS |                              |                                                                                         |
| 4.4 CITY-ST-ZIP    |                              |                                                                                         |
| 5.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME           |                              |                                                                                         |
| 5.3 STREET ADDRESS |                              |                                                                                         |
| 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*

Date

Daytime Phone #

01-14-99

CR2E034 (11/98)