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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 199295

1. Corporation Name
SEA TOWER APARTMENTS, INC.

Principal Place of Business
**2840 NORTH OCEAN BLVD
 FT LAUDERDALE FL 33308**

Mailing Address
**2840 NORTH OCEAN BLVD
 FT LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/23/1957	
4. FEI Number 59-0830092	Applied For <input 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent

**GOLDSMITH, NANCY
 2840 N. OCEAN BLVD
 STE. 602
 FT. LAUDERDALE FL 33308**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	HEUTLE, RUTH	
STREET ADDRESS	2840 N OCEAN BLVD #305	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRAY, ANGELA	
STREET ADDRESS	2840 N. OCEAN BLVD., #1008	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	RICCI, WILLIAM	
STREET ADDRESS	2840 N OCEAN BLVD #702	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	FALVEY, C J	
STREET ADDRESS	2840 N OCEAN BLVD 207	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	KNECHT, LORING	
STREET ADDRESS	2840 N OCEN BLVD 304	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TROTTIER, ANDRE	
STREET ADDRESS	2840 N OCEAN BLVD 908	
CITY-ST-ZIP	FT LAUDERDALE FL	

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 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 checked="" type="checkbox"/> Addition
5.2 NAME	M Anna Peddle
5.3 STREET ADDRESS	2840 N. Ocean Blvd. #909
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL
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: Nancy M. Goldsmith 1/18/99 954-566-2632
 Nancy M. Goldsmith Secretary Date Daytime Phone #

CR2E034 (1/198)