

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 344579 (8)

1. Corporation Name
2295 SOUTH OCEAN BOULEVARD CORP



Principal Place of Business 2295 S OCEAN BLVD. PALM BEACH FL 33480	Mailing Address 2295 S OCEAN BLVD. PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1969	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-1278985	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip		25. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BECKERMAN, GEORGE 2295 S. OCEAN BLVD. APT. #407 PALM BEACH FL 33480				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKERMAN, GEORGE		1.2 NAME		
STREET ADDRESS	2295 SO OCEAN BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JEROME		2.2 NAME		
STREET ADDRESS	2295 S. OCEAN BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBY, STANLEY		3.2 NAME	HENRY R. STEIN	
STREET ADDRESS	2295 SO OCEAN BLVD		3.3 STREET ADDRESS	2295 SO OCEAN BLVD	
CITY-ST-ZIP	PALM BCH, FL 00000		3.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, PHILIP		4.2 NAME		
STREET ADDRESS	2295 SO OCEAN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH, FL 00000		4.4 CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, IRENE		5.2 NAME		
STREET ADDRESS	2295 SO OCEAN BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMS, M.D. LOUIS		6.2 NAME		
STREET ADDRESS	2295 SOUTH OCEAN BOULEVARD, SUITE 807		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		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.

SIGNATURE: *George Beckerman* **GEORGE BECKERMAN** PRESIDENT 3/3/98 511-582-3548

CR2E034 (10/97)