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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **344579**

1. Corporation Name
2295 SOUTH OCEAN BOULEVARD CORP



Principal Place of Business Mailing Address
2295 S OCEAN BLVD. 2295 S OCEAN BLVD.
PALM BEACH FL 33480 PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
04/15/1969
 4. FEI Number Applied For
59-1278985 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

9. Name and Address of Current Registered Agent

BECKERMAN, GEORGE
2295 S. OCEAN BLVD.
APT. #407
PALM BEACH FL 33480

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 *George Beckerman* **GEORGE BECKERMAN PRESIDENT** DATE **2/22/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BECKERMAN, GEORGE	
STREET ADDRESS	2295 SO OCEAN BLVD	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	D VP	<input type="checkbox"/> DELETE
NAME	MILLER, JEROME	
STREET ADDRESS	2295 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEIN, HENRY R.	
STREET ADDRESS	2295 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COHEN, PHILIP	
STREET ADDRESS	2295 SO OCEAN BLVD	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRAHAM, IRENE	
STREET ADDRESS	2295 SO OCEAN BLVD	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAMS, M.D. LOUIS	
STREET ADDRESS	2295 SOUTH OCEAN BOULEVARD, SUITE 807	
CITY-ST-ZIP	PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D MALCOLM MASON
1.3 STREET ADDRESS	2295 S OCEAN BLVD #925
1.4 CITY-ST-ZIP	PALM BEACH FL 33480
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Sidney SILVER
2.3 STREET ADDRESS	2295 S OCEAN BLVD #223
2.4 CITY-ST-ZIP	PALM BEACH FL 33480
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: *George Beckerman* **GEORGE BECKERMAN PRESIDENT** DATE **2/22/99** 561-582-3548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)