

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712243 (5)

1. Corporation Name
OCEANSIDE APARTMENTS, INC.

Principal Place of Business Mailing Address
**3300 NORTHEAST 7TH COURT
POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/13/1967** 3a. Date of Last Report **03/16/1994**
4. FEI Number **59-1217731** 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**
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status **\$68.75 Supplemental
Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes 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 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**BECKER, POLIAKOFF & STREITFELD, P.A.
6020 N. ANDREWS AVENUE
P.O. BOX 9057
FT. LAUDERDALE FL 33310-6057**

10. Name and Address of New Registered Agent
81 Name **KAYE & ROGER P.A**
82 Street Address (P.O. Box Number is Not Acceptable)
1000 W. CYPRESS CREEK Rd
83 **SUITE 207**
84 City **FORT Lauderdale** FL 85 Zip Code **33309**

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 *Robert Kaye* *President* **3-28-95**
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASE, THEODOSIA
STREET ADDRESS	3200 NE 7TH COURT #105C
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	V
NAME	WILLIAMS, JACK
STREET ADDRESS	3200 NE 7TH CT #304C
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	V
NAME	GIANGIULIO, HENRY
STREET ADDRESS	3200 NE 7TH CT #208B
CITY - ST - ZIP	POMPANO BCH FL
TITLE	S
NAME	SLAUGHTER, RUTH
STREET ADDRESS	3200 NE 7TH CT #106A
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	T
NAME	RYAN, MARIE
STREET ADDRESS	3200 NE 7TH CT #207A
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	D
NAME	RICHIE, L F
STREET ADDRESS	3200 NE 7TH CT #301B
CITY - ST - ZIP	POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ADJ. SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CASE THEODOSIA
1.3 STREET ADDRESS	3200 N.E. 7TH CT. #105C
1.4 CITY - ST - ZIP	POMPANO BEACH, FL. 33062
2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAMS JACK
2.3 STREET ADDRESS	3200 N.E. 7TH CT. #304C
2.4 CITY - ST - ZIP	POMPANO BEACH, FL. 33062
3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GIANGIULIO HENRY
3.3 STREET ADDRESS	3200 N.E. 7TH CT. #208B
3.4 CITY - ST - ZIP	POMPANO BEACH, FL. 33062
4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SLAUGHTER RUTH
4.3 STREET ADDRESS	3200 N.E. 7TH CT. 106A
4.4 CITY - ST - ZIP	POMPANO BEACH, FL.
5.1 TITLE	TRUSTEER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MIC GINNIS JOHN
5.3 STREET ADDRESS	3200 N.E. 7TH CT. #204B
5.4 CITY - ST - ZIP	POMPANO BEACH, FL. 33062
6.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIONIS DANIEL
6.3 STREET ADDRESS	3200 N.E. 7TH CT. # 107B
6.4 CITY - ST - ZIP	POMPANO BEACH, FL. 33062

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John M. Ginnis* *JOHN M GINNIS* **3-28-95** **305-781-3958**
Signature and typed or printed name of signing officer or director Date Daytona Phone #