

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 712243 (5)
1. Corporation Name
OCEANSIDE APARTMENTS, INC.



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| Principal Place of Business 3200 NORTHEAST 7TH COURT POMPANO BEACH FL 33062 | Mailing Address 3200 NORTHEAST 7TH COURT POMPANO BEACH FL 33062 |
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|--|---|---|
| 3. Date Incorporated or Qualified 02/13/1967 | | |
| 4. FEI Number 59-1217731 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |

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|---|--|
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country |
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|--|---------------------------------------|
| 6. 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**KAYE & ROGER PA
1550 W CYPRESS CREEK RD
STE 207
FT. LAUDERDALE FL 33309**

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 617.0502 and 617.1508, 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 617.0503, 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 | NAME | 1.1 TITLE | 1.2 NAME |
| AS | CASE, THEODOSIA 3200 NE 7TH COURT #105C POMPANO BEACH FL | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D | ROBERT MOORE 3200 NE 7TH COURT, #305A POMPANO BEACH FL | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D | CICONTE, JOSEPH 3200 NE 7TH COURT, #101C POMPANO BEACH FL | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D | SLAUGHTER, RUTH 3200 NE 7TH CT #108A POMPANO BEACH FL | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T | MCGINNIS, JOHN 3200 NE 7TH ST #204B POMPANO BEACH FL | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| P | DANIEL, DIONIS 3200 NE 7TH CT #107B POMPANO BEACH FL | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 McGinnis - JOHN MCGINNIS T. 1-20-98 954-781-3958

CFR2037 (10/97)