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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **728231**

1. Corporation Name
COCOA BEACH TOWERS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
220 YOUNG AVE. #15 COCOA BEACH CL 32931 US	220 YOUNG AVE #15 COCOA BEACH FL 32931 US

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 12/07/1973

4. FEI Number: 59-1568144 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HALGEN, BARBARA
1041 N INDIAN RIVER DR
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name: CHAPP, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable)
83: 630 S. Brevard Ave, #1131
84 City: Cocoa Beach FL 85 Zip Code: 32931

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: William V. Chapp — 2-24-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WOJEWODA, EUGENE 830 N ATLANTIC AVE #1604 COCOA BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALGREN, BARBARA 1041 N INDIAN RIVER DR COCOA FL 32922	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition D LEO MEYER 5151 Riverside Dr. E. #903 Windsor, Ontario N8S4R5
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ CHAPP, WILLIAM 630 S BREVARD AVE., #1131 COCOA BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition PD WILLIAM V. CHAPP 630 S. BREVARD AVE. #1131 COCOA BEACH, FL. 32931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SOTAK, MICHAEL 832 MAXWELL PL LANDSDALE PA 19446	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ETHERTON, RUTH 511 INVERNESS MELBOURNE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition VPD RUTH H. ETHERTON 511 INVERNESS MELBOURNE FL 32940
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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 617, 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: William V. Chapp — 2-24-99 — 407-799-0363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #