

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 811027 (2)

1. Corporation Name  
**BEACH DALE APARTMENTS INC**



Principal Place of Business: 700 ANTIOCH AVE FT LAUDERDALE FL 33304-3956  
Mailing Address: 700 ANTIOCH AVE FT LAUDERDALE FL 33304-3956

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/14/1956</b>	3a. Date of Last Report <b>02/13/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-6058467</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SHEA, VERON 700 ANTIOCH AVE #18 FT LAUDERDALE, FL 33304</b>	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T VERNON, SHEA 700 ANTIOCH AVENUE #18 FT LAUDERDALE, FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD BEDARD, SUZANNE 700 ANTIOCH AVENUE FT LAUDERDALE, FL 33304	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D WALKER, JIM 700 ANTIOCH AVE #17 FT LAUDERDALE, FL	<input type="checkbox"/> DELETE	2.2 NAME	<i>Apt. #1</i>
S TROUT, DALE 700 ANTIOCH AVE., SUITE 5 FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
P FARRY, GEORGE 700 ANTIOCH AVENUE FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D FABIAN, FRANK 700 ANTIOCH AVE., SUITE 9 FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	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 checked="" type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	<i>Apt. #11</i>
		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 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)(k), 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: *James P. Shea* **Treas.** 1/19/96 305 563-5144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)