

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SHEA, VERON
700 ANTIOCH AVE #18
FT LAUDERDALE, FL 33304

3. Date Incorporated or Qualified

05/14/1956

3a. Date of Last Report

02/13/1995

4. FEI Number

59-6058467

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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

Signature (Typed or printed name of registered agent and block if applicable)

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME: VERNON, SHEA
STREET ADDRESS: 700 ANTIOCH AVENUE #18
CITY-ST-ZIP: FT LAUDERDALE, FL

TITLE ☐ DELETE

NAME: BEDARD, SUZANNE
STREET ADDRESS: 700 ANTIOCH AVENUE
CITY-ST-ZIP: FT LAUDERDALE, FL 33304

TITLE ☐ DELETE

NAME: WALKER, JIM
STREET ADDRESS: 700 ANTIOCH AVE #17
CITY-ST-ZIP: FT LAUDERDALE, FL

TITLE ☐ DELETE

NAME: TROUT, DALE
STREET ADDRESS: 700 ANTIOCH AVE., SUITE 5
CITY-ST-ZIP: FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME: FARRY, GEORGE
STREET ADDRESS: 700 ANTIOCH AVENUE
CITY-ST-ZIP: FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME: FABIAN, FRANK
STREET ADDRESS: 700 ANTIOCH AVE., SUITE 9
CITY-ST-ZIP: FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas.

1/19/96

Date

Daytime Phone #

305
563-5144

CR2E034 (12/95)