

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90082 041 \*\*\*150.00

DOCUMENT # 811027

1. Corporation Name

BEACH DALE APARTMENTS INC

Principal Place of Business

700 ANTIOCH AVE  
FT LAUDERDALE FL 33304-3956

Mailing Address

C.O DAVID E. BUCK, P.A.  
2900 E. OAKLAND PK BLVD #103  
FT. LAUDERDALE FL 33306-1804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1956

4. FEI Number

59-6058467

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

DAVID E. BUCK

82 Street Address (P.O. Box Number is Not Acceptable)

2900 E OAKLAND PARK BLVD

83

SUITE # 103

84 City

FORT LAUDERDALE FL

85 Zip Code

33306

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/99

12. OFFICERS AND DIRECTORS

TITILE ☒ 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, APT. 1  
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE ☐ DELETE

NAME BARANZANO, JOHN A  
STREET ADDRESS 700 ANTIOCH AVE, #14  
CITY-ST-ZIP FT LAUDERDALE, FL 33304

TITLE ☐ DELETE

NAME FARRY, GEORGE  
STREET ADDRESS 700 ANTIOCH AVENUE, APT. 11  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME CARTER, WILBER (CD)  
STREET ADDRESS 700 ANTIOCH AVE, #9  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME TREASURER  
1.3 STREET ADDRESS JOHN BARANZANO  
1.4 CITY-ST-ZIP 700 ANTIOCH AVE #14  
FORT LAUDERDALE FL 33304

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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TREASURER 2/22/99 (954) 5650404

CR2E034 (11/98)

0283070