

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 28, 1996 08:00 AM
Secretary of State

DOCUMENT # **811035**

1. Corporation Name

BEACH SHORE APARTMENTS INC.

3-28-96 B-5799-C
(5)



Principal Place of Business

700 BAYSHORE DR #14
FT LAUDERDALE FL 33304
US

Mailing Address

700 BAYSHORE DR #14
FT LAUDERDALE FL 33304
USA

DAVID E BUCK PA

CERTIFIED PUBLIC ACCOUNTANT

2. Date Incorporated or Qualified

05/21/1956

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

21 **700 Bayshore Drive**

2a. 2900 E OAKLAND PARK BLVD #103
26 **FORT LAUDERDALE FL 33306-1804**

FET Number

59-0948860

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Fort Lauderdale, FL**

City & State

Zip

25 **USA**

Zip

Country

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

9. Name and Address of Current Registered Agent

ANDERSON, RICHARD A
700 BAYSHORE DR
APT 14
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name **DAVID E. BUCK, C.P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
2900 E. OAKLAND PARK BLVD. #103
83
84 City **FT. LAUDERDALE** FL 85 Zip Code **33306-1804**

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

David E. Buck
Signature of the registered agent and his/her applicable

DAVID E. BUCK, C.P.A.

(PRINT Registered Agent's name and title on reverse side)

3/15/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEBIASIO, JAMES	
STREET ADDRESS	700 BAYSHORE DR. #18	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OLIVEIRA, DIANE	
STREET ADDRESS	625 ANTIOCH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, RICHARD	
STREET ADDRESS	700 BAYSHORE DR #14	
CITY-ST-ZIP	FT. LAUDERALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, MYRTLE	
STREET ADDRESS	700 BAYSHORE DR #22	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SEXTON, PAUL E	
STREET ADDRESS	700 BAYSHORE DR #27	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DeBiasio, James E.	
13 STREET ADDRESS		
14 CITY-ST-ZIP	33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS	625 Antioch Ave. # 401	
24 CITY-ST-ZIP	33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP	33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP	33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE	D. Jame Downs	
62 NAME	700 Bayshore Dr # 17	
63 STREET ADDRESS	Ft. Lauderdale FL, 33304	
64 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:

Paul E. Sexton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SEXTON, PAUL E.

Mar. 13th, 1996 954) 565-3377

D.S.

Director Phone #

CR2E034 (12/95)