

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

**FILED**  
**Mar 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 811035 (5)**

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



Principal Place of Business <b>700 BAYSHORE DRIVE                  FORT LAUDERDALE FL 33304                  US</b>	Mailing Address <b>DAVID E BUCK PA CERTIFIED PUBLIC ACC                  2900 E OAKLAND PARK BLVD #103                  FORT LAUDERDALE FL 33306-1804                  US</b>
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3. Date Incorporated or Qualified <b>05/21/1956</b>	3a. Date of Last Report <b>03/28/1996</b>
4. FEI Number <b>59-0948860</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BUCK, DAVID E CPA  
 2900 E OAKLAND PARK BLVD #103  
~~APT 11~~  
 FT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of officer or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEBIASIO, JAMES E	
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 #401	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	VD	<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	D	<input checked="" type="checkbox"/> DELETE
NAME	DOWNS, W JAME	
STREET ADDRESS	700 BAYSHORE DR #17	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	THOMAS MACFARLANE
5.4 CITY - ST - ZIP	700 BAYSHORE DR. #12 FT LAUDERDALE, FL 33304
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 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, 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 in an attachment with an address.

SIGNATURE:  **Paul E. Sexton - Treasurer & Director** Date: **March 12th, 1997** Daytime Phone #: **954-565-3377**

CR2E034 (9/96)