


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

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

03-05-1999 90019 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 811035

1. Corporation Name
BEACH SHORE APARTMENTS INC.



Principal Place of Business 700 BAYSHORE DRIVE FORT LAUDERDALE FL 33304 US	Mailing Address DAVID E BUCK PA CERTIFIED PUBLIC ACC 2900 E OAKLAND PARK BLVD #103 FORT LAUDERDALE FL 33306-1804 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/21/1956

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number
59-0948860

Applied For
 Yes 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

BUCK, DAVID E CPA
2900 E OAKLAND PARK BLVD #103
FT LAUDERDALE FL 33306

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	VALICENTI, GUY	
STREET ADDRESS	700 BAYSHORE DR #16	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33304	
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 checked="" type="checkbox"/> DELETE
NAME	SEXTON, PAUL E	
STREET ADDRESS	700 BAYSHORE DR #27	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACFARLANE, THOMAS	
STREET ADDRESS	700 BAYSHORE DR, #12	
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 checked="" type="checkbox"/> Addition
4.2 NAME	RABE, RALPH
4.3 STREET ADDRESS	701 BAYSHORE DR #14
4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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: Guy Valicenti **GUY VALICENTI** 2/19/99 954/661-3303
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)