

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Morchar
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 21 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H87710

(0)

1. Corporation Name

EVELYN & ARTHUR'S BEACH HOUSE, INC.

400001437164

-03/22/95--01110--019

*******400.00 *****200.00**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**277 S.OCEAN BLVD.
MANALAPAN FL 33462**

**277 S.OCEAN BLVD
MANALAPAN FL 33462**

3. Date incorporated or Qualified
12/03/1985

3a. Date of Last Report
03/17/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2633258

Applied For
New Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22
City & State

27
City & State

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. 190 (1)(2),
Florida Statutes ☐ Yes ☒ No

24
Zip

Country

29
Zip

30
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEDERER, STEVEN L.J.
1031 NORTH MIAMI BEACH BOULEVARD
MIAMI FL 33162**

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 607.1503, 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 (not for agent)

Signature, typed or printed name of registered agent (not for agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
LEWIS, ARTHUR
3170 S OCEAN BLVD 205-S
PALM BEACH FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LEWIS, ARTHUR
3170 S OCEAN BLVD. #205-S
PALM BEACH FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
WEISSMAN, ADRIANNE
1043 SHADY LAKES CIR.
PALM BCH.GARDENS FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
WEISSMAN, FREDRIC
1043 SHADY LAKES CIR.
PALM BCH.GARDENS FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct and equally for the statements stated in Section 190 (2)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 407, 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

FRED WEISSMAN

3/15/95

407-585-4004