

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 6:34

DOCUMENT # **N25761 (0)**  
1. Corporation Name  
**NORTH BEACH DEVELOPMENT CORPORATION OF MIAMI BEACH, INC.**

Principal Place of Business Mailing Address  
**300 71ST STREET, SUITE 502 MIAMI BEACH FL 33141** **300 71ST STREET, SUITE 502 MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/05/1988** 3a. Date of Last Report **01/13/1994**  
4. FEI Number **65-0011853** Applied For 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GREEN, MARVIN ESQ.	1 1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	627 71ST STREET	1 2 NAME	Jonathan Beloff
STREET ADDRESS	MIAMI BEACH FL 33141	1 3 STREET ADDRESS	6525 Allison Road
CITY - ST - ZIP		1 4 CITY - ST - ZIP	Miami Beach, Fl 33141
TITLE	VD LUBIN, JACK	2 1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2151 S.W. 87TH COURT	2 2 NAME	Charles Burkett
STREET ADDRESS	MIAMI FL 33165	2 3 STREET ADDRESS	801 Alton Road, Suite 2
CITY - ST - ZIP		2 4 CITY - ST - ZIP	Miami Beach, Fl 33139
TITLE	VD SHAPIRO, HOWARD	3 1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11098 BISCAYNE BLVD., #402	3 2 NAME	Lulu Swedroe
STREET ADDRESS	MIAMI FL 33141	3 3 STREET ADDRESS	1111 Lincoln Rd
CITY - ST - ZIP		3 4 CITY - ST - ZIP	Miami Beach, Fl 33139
TITLE	SD KAHN, DONALD ESQ.	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	627 71ST STREET	4 2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33141	4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE	TD SWAN, ROBERTA	5 1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 25 WEST FLAGLER STREET	5 2 NAME	
STREET ADDRESS	MIAMI FL 32301	5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE	D ALLER, MICHAEL	6 1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5700 COLLINS AVENUE, #4-N	6 2 NAME	Jonathan Fryd
STREET ADDRESS	MIAMI BEACH FL 33140	6 3 STREET ADDRESS	523 Michigan Avenue
CITY - ST - ZIP		6 4 CITY - ST - ZIP	Miami Beach, Fl 33139

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Roberta Swan 3-20-95 305577393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature 1 line x)