

FILE NOW: FILING FEE IS \$61.25

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**May 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25761 (0)

1. Corporation Name
NORTH BEACH DEVELOPMENT CORPORATION OF MIAMI BEACH, INC.

Principal Place of Business 300 71ST STREET, SUITE 502 MIAMI BEACH FL 33141	Mailing Address 300 71ST STREET, SUITE 502 MIAMI BEACH FL 33141
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3. Date Incorporated or Qualified 04/05/1988		
4. FEI Number 65-0011853	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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	85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	ROT BART, MICHAEL	1.1 TITLE	S
NAME	2401 COLLINS AVE	1.2 NAME	Marguerite Ramos
STREET ADDRESS	MIAMI BEACH FL	1.3 STREET ADDRESS	1701 Bay Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami Beach, 33141
TITLE	PD	2.1 TITLE	
NAME	BURKETT, CHARLES	2.2 NAME	
STREET ADDRESS	801 ALTON RD STE 2	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	SWEDROE, LULU	3.2 NAME	
STREET ADDRESS	1111 LINCOLN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	KAHN, DONALD ESQ.	4.2 NAME	
STREET ADDRESS	627 71ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	CAMAYD, ANA PEREZ	5.2 NAME	
STREET ADDRESS	7251 COLLINS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	GROSS, HOWIE	6.2 NAME	
STREET ADDRESS	407 LINCOLN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	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 registered agent 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 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE: _____

CR2E037 (10/97)