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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000087587 (8)

BEACHWAY APARTMENTS, INC.

435 20TH STREET 435 20TH STREET MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-1938 3a. Date of Last Report 3. Date Incorporated or Qualified 11/15/1995 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0654342 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5, Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FEINBERG, JEFFREY 4651 SHERIDAN ST. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 HOLLYWOOD FL 33021 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE CHELMINSKY, SHLOMO 1.2 NAME NAME 9828 FAIRWAY COVE LANE STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33324 1.4 CITY-ST-ZIP CITY ST-ZIP DELETE Change Addition DILE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-7IP Change DELETE Addition 4.1 TIT TITLE 4 2 NA NAME STREET ADDRESS 4.3 ST# FT ADDRESS CITY - \$1 - 2(P 4.4 CIT \$T-2IP DELETE Change Addition 5 1 T/T TITLE NAME 5.2 NA ADDRESS 53 STR STREET ADDRESS 54 CIT ST-ZIP CITY-\$1-7P DELETÉ Change Addition TITLE 6 1 T/T NAME 62 NA 6.3 ST ADDRESS STREET ADDRESS COY-ST-ZIP 6.4 CIT

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mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the trate and that my signature shall have the same legal effect as if made under oath; that ute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: SIGNATURE: SIGNATURE AND YOUR OR DELIVER WAS IN SIGNATURE OF SIGNATURE O

appears in Block 12 or Block 13 if changed, or og

14. If do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and a I am an officer or director of the corporation or the poceiver or trustee empowered to a

APAL 1/97 305)5384346