

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 240572 (8)

1. Corporation Name
OCEAN TERRACE CO-OP APARTMENTS, INC.



Principal Place of Business: 123 - 135 THIRD ST MIAMI BEACH FL 33139
Mailing Address: 2640 BRIM WAY COOPER CITY FL 33026 US

3. Date Incorporated or Qualified 09/26/1960	3a. Date of Last Report 02/28/1995
4. FEI Number 59-1031068	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**COTE, RONALD R.
2640 BRIM WAY
COOPER CITY FL 33026**

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 607.0502 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE: *Ronald Cote* DATE: **2/13/96**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1. TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVENDER, ABRAHAM P.		2. NAME	DAVID HOLMAN	
STREET ADDRESS	301 OCEAN DRIVE, SUITE 508		3. STREET ADDRESS	135 3RD ST APT 4	
CITY, ST, ZIP	MIAMI BCH. FL		4. CITY, ST, ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input type="checkbox"/> DELETE	5. TITLE		
NAME	COTE, RONALD R.		6. NAME		
STREET ADDRESS	2640 BRIM WAY		7. STREET ADDRESS		
CITY, ST, ZIP	COOPER CITY FL		8. CITY, ST, ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	9. TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALY, MAUDE		10. NAME	RUTH LEVINSON	
STREET ADDRESS	135 3RD STREET		11. STREET ADDRESS	135 3RD ST APT 4	
CITY, ST, ZIP	MIAMI BCH. FL		12. CITY, ST, ZIP	MIAMI BEACH 33139	
TITLE	SD	<input type="checkbox"/> DELETE	13. TITLE		
NAME	LAVENDER, ABRAHAM		14. NAME		
STREET ADDRESS	345 OCEAN DRIVE, STE. 401		15. STREET ADDRESS		
CITY, ST, ZIP	MIAMI BCH. FL		16. CITY, ST, ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	17. TITLE		
NAME	RACHMAN, FRED		18. NAME		
STREET ADDRESS	3530 N. LAKE SHORE DR., STE. 9B		19. STREET ADDRESS		
CITY, ST, ZIP	CHICAGO IL		20. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	21. TITLE		
NAME			22. NAME		
STREET ADDRESS			23. STREET ADDRESS		
CITY, ST, ZIP			24. CITY, ST, ZIP		

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald Cote* DATE: **2/13/96** TELEPHONE: **305-432-3055**

CR2E034 (12/95)