

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90029 025 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 240572**

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/26/1960**

4. FEI Number  
**59-1031068**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **123-135 Third St.**  
 22 **Miami Beach**  
 23 **Florida**  
 24 **33139**

2a. Mailing Address  
 26 **2640 Brim Way**  
 27 **Cooper City**  
 28 **Florida**  
 29 **33026**

10. Name and Address of New Registered Agent

81 Name **PETER CONSTABLE**

82 Street Address (P.O. Box Number is Not Acceptable)  
**135 3RD ST**

83 **APT 26**

84 City **MIAMI BEACH FL 33139 FL**

85 Zip Code **33139**

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 **Peter Constable** **PETER CONSTABLE, PRESIDENT** DATE **APRIL 5 1999**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Director</b> <b>HOLMAN, DAVID</b> <b>135 3RD STREET, APT. 4</b> <b>MIAMI BCH FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>FRITZ, BARRY</b> <b>1350 LENNOX AVE</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Vice-Pres.</b> <b>BRAY, JOHN</b> <b>135 3RD ST APT 28</b> <b>MIAMI BCH FL 33139</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Secretary</b> <b>LAVENDER, ABRAHAM</b> <b>345 OCEAN DRIVE, STE. 401</b> <b>MIAMI BCH. FL 33139</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>CONSTABLE, PETER</b> <b>135 3RD ST APT 26</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Holman DAVID</b> <b>135-3RD ST. apt 4</b> <b>MIAMI BCH, FL 33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>FRITZ BARRY</b> <b>1350 Lennox Ave. Miami Beach, FL 33139</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP. Brian John</b> <b>Pres. 135-3rd St. apt 28</b> <b>MIAMI BCH, FL 33139</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>LAVENDER, ABRAHAM</b> <b>345 Ocean Drive suite 401</b> <b>Miami Beach FL 33139</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. Constable, Peter</b> <b>135-3rd St. apt 26</b> <b>Miami Beach FL 33139</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>RON Cote</b> <b>135-3rd St. apt. 3</b> <b>Miami Beach Florida 33139</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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, with all other like empowered.

SIGNATURE: **Barry Fritz** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **305-854-2138** Daytime Phone #

CR2E034 (11/98)