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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 391904 1. Corporation Name

THE SURF CLUB APARTMENTS, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90172 049 ***150.00



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Principal Place	e of Business	Mailing Address		_=		I IMBIAN EILIM IBIAN IENEN SAFII ARIII	#191 #1911 B10	iei mimii mibii mi	#11 0(8() 10B)
9133 COLLINS AVE. 9133 COLLINS AVE.					Ì				
SURFSIDE FL 33154 SURFSIDE FL 33154					ļ				
			Ļ			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						11/29/1971			
⊢	ace of Business	2a. Mailing Address				4. FEI Number		_ ''	olied For
21		26				59-1389977	-		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	I .
22		City & State			}				`
City & State	e	├ ¬ '				6. Election Campaign Financing Trust Fund Contribution		\$5.00 (
23	Country	28	Country	,	-+	This corporation owes the current	t vear Inta		
Zip			30	•	1	Personal Property Tax.			□No
24	9. Name and Address of Current		501			O. Name and Address of New Re			
	9. Name and Address of Correct	t Kegistered Agent	81	Name			<u>-</u>		
HAU	SER, MARC		<u> </u>	<u> </u>					
	KANE CONCOURSE	', ı	82	Street A	Address	(P.O. Box Number is Not Acceptab	ie)		
1	E 616		83	 	****	1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
BAL	HARBOUR ISLAND FL 33154							, , , , , , , , , , , , , , , , , , ,	
			84	City		3 W. C. C. C. C. C.	' Fl	85 Zip C	ode
A4 Diversional	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes	the abov	e-named o	COTDOTA	tion submits this statement for the pr	urpose of o	hanging its	registered
office or e	agretated agent or both in the State (of Florida. Such change was auf	horized by	the corpo	ration's	board of directors. I hereby accept	the appoin	tment as reg	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statutes	3.					
CICALATURE									I .
SIGNATURE	Clanet as hand or proted some of registered agen	t and title if applicable (NOTE: F	Registered Age	nt signature re	equired wh	en reinstating)	DATE		
	Signature, typed or printed name of registered agen			nt signature re	equired wh	en reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	nt signature re	equired wh	en reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
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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 attachaged with an address, with all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR