


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

04-20-1999 90172 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 391904
 1. Corporation Name
THE SURF CLUB APARTMENTS, INC.



Principal Place of Business 9133 COLLINS AVE. SURFSIDE FL 33154	Mailing Address 9133 COLLINS AVE. SURFSIDE FL 33154
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1971	
21		26		4. FEI Number 59-1389977	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HAUSER, MARC 111 KANE CONCOURSE SUITE 616 BAL HARBOUR ISLAND FL 33154				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELATT, SUE	1.2 NAME	
STREET ADDRESS	9133 COLLINS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROMARTY, JIM	2.2 NAME	Jim Cromarty <i>Jim Cromarty</i>
STREET ADDRESS	9133 COLLINS AVE #2-E	2.3 STREET ADDRESS	<i>9133 Collins Ave</i>
CITY-ST-ZIP	SURFSIDE, F 00000	2.4 CITY-ST-ZIP	<i>Surfside, FL 33154</i>
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, NETSY	3.2 NAME	<i>Treasurer Brooks, Betsy</i>
STREET ADDRESS	9133 COLLINS AVE 4-F	3.3 STREET ADDRESS	<i>9133 Collins Ave.</i>
CITY-ST-ZIP	SURFSIDE, F 00000	3.4 CITY-ST-ZIP	<i>Surfside, FL 33154</i>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKERSON, LARRY	4.2 NAME	<i>President Wilkinson, Larry</i>
STREET ADDRESS	9133 COLLINS AVE.	4.3 STREET ADDRESS	<i>9133 Collins Ave.</i>
CITY-ST-ZIP	SURFSIDE FL 33154	4.4 CITY-ST-ZIP	<i>Surfside, FL 33154</i>
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, VALERIE	5.2 NAME	<i>Director James Cullen</i>
STREET ADDRESS	9133 COLLINS AVE #1-A	5.3 STREET ADDRESS	<i>9133 Collins Ave.</i>
CITY-ST-ZIP	SURFSIDE FL	5.4 CITY-ST-ZIP	<i>Surfside, FL 33154</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (1/98)