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Secretary of State

04-22-1999 90237 001 ***150.00

CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

393726 - 90237 - I

DOCUMENT # K 505007

Name and Mailing Address of Corporation:

TIMES OF BAL HARBOUR, BAY HARBOR SURFSIDE INC
9225 COLLINS AVE #704
SURFSIDE, FL 33154

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE — MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: JUNE 1, 1972
3a. Date of Last Report: 1998

4. FEI Number: 59-1893250 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

Mailing Address	2a. Principle Place of Business
26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
27	
City & State	City & State
28	
Zip / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

PETER COHN
9225 COLLINS AVE
SURFSIDE, FL 33154

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City: FL / 85 Zip Code / 86 Country

Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 (Registered Agent Accepting Appointment) DATE

OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS CHANGES
TITLE: PRESIDENT	1.1 TITLE
NAME: PETER COHN	1.2 NAME
ADDRESS	1.3 ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	2.1 TITLE
NAME	2.2 NAME
ADDRESS	2.3 ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE
NAME	3.2 NAME
ADDRESS	3.3 ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE
NAME	4.2 NAME
ADDRESS	4.3 ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE
NAME	5.2 NAME
ADDRESS	5.3 ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE
NAME	6.2 NAME
ADDRESS	6.3 ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE: Peter Cohen DATE: 4-9-99

Print/Type Name of Signing Officer or Director	Title(s)	Daytime Telephone Number
PETER COHN	President	(305) 866-6020

CR2E034 (11/92)