

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **811028** (0)

1. Corporation Name
BEACH SIDE APARTMENTS INC



Principal Place of Business: **624 ANTIOCH AVE FORT LAUDERDALE FL 33304**
Mailing Address: **624 ANTIOCH AVE FORT LAUDERDALE FL 33304**

**DAVID E BUCK PA
CERTIFIED PUBLIC ACCOUNTANT**

3. Date Incorporated or Qualified: **05/14/1956**
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business	2a. Mailing Address	3b. FET Number	Applied For
21	26	59-0998271	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	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25. Country	30. Country		

9. Name and Address of Current Registered Agent

**BUCK, DAVID E.
2900 E. OAKLAD PARK BLVD.
FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

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

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 requested)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MILDRED	1.2 NAME	Michael Jeffries
STREET ADDRESS	624 ANTIOCH AVE., #17	1.3 STREET ADDRESS	624 Antioch Ave #2
CITY-STATE-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-STATE-ZIP	FT. Lauderdale FL 33304
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLAUMIN, JULES	2.2 NAME	
STREET ADDRESS	624 ANTIOCH AVE., #7	2.3 STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE FL	2.4 CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAERNT, RAYMOND	3.2 NAME	
STREET ADDRESS	624 ANTIOCH AVENUE, #4	3.3 STREET ADDRESS	
CITY-STATE-ZIP	FORT LAUDERDALE FL	3.4 CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEH, LAWRENCE	4.2 NAME	
STREET ADDRESS	624 ANTIOCH AVENUE, #20	4.3 STREET ADDRESS	
CITY-STATE-ZIP	FT. LAUDERDALE FL	4.4 CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIRMER, BEN	5.2 NAME	
STREET ADDRESS	624 ANTIOCH AVENUE, #10	5.3 STREET ADDRESS	
CITY-STATE-ZIP	FT. LAUDERDALE FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Joan Casper #9
STREET ADDRESS		6.3 STREET ADDRESS	624 Antioch Ave
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	FT. Lauderdale FL 33304

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAYMOND PAERNT PRESIDENT

3/29/96 (954) 561-3303
Date: Day: Phone #

CR2E034 (12/95)