

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

FILED

**Mar 27 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 811028 (0)

1. Corporation Name
BEACH SIDE APARTMENTS INC



| | |
|--|---|
| Principal Place of Business 624 ANTIOCH AVE FORT LAUDERDALE FL 33304 | Mailing Address BUCK, DAVID.E.PA.CPA 2900 E OAKLAND PARK BLVD #103 FT LAUDERDALE FL 33306-1804 US |
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| | |
|--|--|
| 3. Date Incorporated or Qualified 05/14/1956 | 3a. Date of Last Report 04/02/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|---|--|
| 4. FEI Number 59-0998271 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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: _____ (NOTE: Registered Agent signature required when re-issuing) _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JEFFRIES, MICHAEL | 1.2 NAME | |
| STREET ADDRESS | 624 ANTIOCH AVE #2 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT LAUDERDALE FL | 1.4 CITY - ST - ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D | 2.2 NAME | |
| STREET ADDRESS | GUILLAUMIN, JULES | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | 624 ANTIOCH AVE, #7 FT LAUDERDALE FL | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P | 3.2 NAME | |
| STREET ADDRESS | (PARENT) RAYMOND | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | 624 ANTIOCH AVENUE, #4 FORT LAUDERDALE FL | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VP | 4.2 NAME | |
| STREET ADDRESS | STEEH, LAWRENCE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | 624 ANTIOCH AVENUE, #20 FT. LAUDERDALE FL | 4.4 CITY - ST - ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | S | 5.2 NAME | SECRETARY |
| STREET ADDRESS | SCHIRMER, BEN | 5.3 STREET ADDRESS | VIVIAN McDONOUGH |
| CITY - ST - ZIP | 624 ANTIOCH AVENUE, #10 FT. LAUDERDALE FL | 5.4 CITY - ST - ZIP | 624 ANTIOCH AVENUE #14 FORT LAUDERDALE, FL 33304 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D | 6.2 NAME | |
| STREET ADDRESS | CASPER, JOAN | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | 624 ANTIOCH AVE FT LAUDERDALE FL | 6.4 CITY - ST - ZIP | |

14. I do 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.

SIGNATURE:  **MICHAEL JEFFRIES** 3-24-97 954-565-7023

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)