

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

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 811028 (0)**

1. Corporation Name  
**BEACH SIDE APARTMENTS INC**



Principal Place of Business <b>624 ANTIOCH AVE                  FORT LAUDERDALE FL 33304</b>	Mailing Address <b>BUCK, DAVID E. CPA                  2900 E OAKLAND PARK BLVD #103                  FT LAUDERDALE FL 33306-804                  US</b>
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified <b>05/14/1956</b>	4. FEI Number <b>59-0998271</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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)	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

T NAME: JEFFRIES, MICHAEL STREET ADDRESS: 624 ANTIOCH AVE #2 CITY-ST-ZIP: FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE
D NAME: GUILLAUMIN, JULES STREET ADDRESS: 624 ANTIOCH AVE., #7 CITY-ST-ZIP: FT LAUDERDALE FL <input type="checkbox"/> DELETE
P NAME: PARENT, RAYMOND STREET ADDRESS: 624 ANTIOCH AVENUE, #4 CITY-ST-ZIP: FORT LAUDERDALE FL <input type="checkbox"/> DELETE
VP NAME: STEEH, LAWRENCE STREET ADDRESS: 624 ANTIOCH AVENUE, #20 CITY-ST-ZIP: FT. LAUDERDALE FL <input type="checkbox"/> DELETE
S NAME: MCDONOUGH, VIVIAN STREET ADDRESS: 624 ANTIOCH AVE #14 CITY-ST-ZIP: FTR LAUDERDALE FL <input type="checkbox"/> DELETE
D NAME: CASPER, JOAN STREET ADDRESS: 624 ANTIOCH AVE CITY-ST-ZIP: FT LAUDERDALE FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D 1.1 TITLE: DALE G. JUNDT 1.2 NAME: DALE G. JUNDT 1.3 STREET ADDRESS: 624 ANTIOCH AVE #14 1.4 CITY-ST-ZIP: FT. LAUDERDALE FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
T 5.1 TITLE: 5.2 NAME: #13 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S 6.1 TITLE: 6.2 NAME: #9 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)