

3-12-98 B 3143 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L33095** (5)

1. Corporation Name
NORTH BEACH MOTEL, INC. OF SO. FL



Principal Place of Business
~~2107 NORTH OCEAN BLVD.~~
FORT LAUDERDALE FL 33305

Mailing Address
~~2107 NORTH OCEAN BLVD.~~
FORT LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1222 NE 4TH AVE. SUITE 22 Suite, Apt. #, etc. 23 City & State FORT LAUDERDALE 24 Zip 33304 25 Country U.S.		2a. Mailing Address 26 1222 NE 4TH AVE. SUITE 27 Suite, Apt. #, etc. 28 City & State FORT LAUDERDALE 29 Zip 33304 30 Country U.S.		3. Date Incorporated or Qualified 12/01/1989	4. FEI Number 65-0161791	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		
7. 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

TRUAX, JACOB W.
2107 NORTH OCEAN BLVD.
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name **TRUAX JACOB**
82 Street Address (P.O. Box Number is Not Acceptable)
1222 NE 4TH AVE. SUITE
83
84 City **FORT LAUDERDALE** FL 85 Zip Code **33304**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Jacob W. Truax
Signature: typed or printed name of registered agent and title, if applicable

JACOB TRUAX
(NOTE: Registered Agent signature required when reinstating)

03/9/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, SERGE	1.2 NAME	
STREET ADDRESS	2107 N OCEAN BLVD	1.3 STREET ADDRESS	C/O 1222 NE 4TH AVE. SUITE
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUAX, JACOB	2.2 NAME	
STREET ADDRESS	2107 N OCEAN BLVD	2.3 STREET ADDRESS	C/O 1222 NE 4TH AVE. SUITE
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 on an attachment with an address.

SIGNATURE:

Serge Lambert 03/10/98 954-713-4114

CR2E034 (10/97)