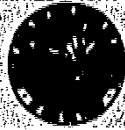


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9400000448 (0)

1. Corporation Name
BEACH VISTA APARTMENTS, INC.

Principal Place of Business Mailing Address
624 ORTON AVE. FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/28/1994	3a. Date of Last Report
4. FEI Number 65-0471589	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

~~ROBINSON, ROBERT~~ SELMA KELTZ
~~3141 STirling Road~~ 624 ORTON AVE #12
~~Fort Lauderdale FL 33304~~ FORT LAUDERDALE FL 33304

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

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: SELMA KELTZ TREAS. *Selma Keltz* DATE: 3/17/95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P/D
NAME	RICHARD HENNESSY
STREET ADDRESS	624 ORTON AVE #2
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	V/D
NAME	MAURICE POTVIN
STREET ADDRESS	624 ORTON AVE #1
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	T/D
NAME	SELMA KELTZ
STREET ADDRESS	624 ORTON AVE #12
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	S/D
NAME	BARBARA WORTLEY
STREET ADDRESS	624 ORTON AVE #10
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	D
NAME	RAYMOND KENNEDY
STREET ADDRESS	624 ORTON AVE #9
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D JACQUES ROUSEAU
5.3 STREET ADDRESS	624 ORTON AVENUE #20
5.4 CITY-ST-ZIP	PORT LAUDERDALE, FL 33304
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Selma Keltz TREAS. *Selma Keltz* DATE: 3/17/95 **385-525-1232**
(Type Name) (Date) (Phone Area #)