


FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002096 (4)**

1. Corporation Name

**LAUDERDALE-BY-THE-SEA MAIN STREET, INC.**



Principal Place of Business <b>4501 OCEAN DR. LAUDERDALE-BY-THE-SEA FL 33308</b>	Mailing Address <b>4501 OCEAN DR. LAUDERDALE-BY-THE-SEA FL 33308-3610</b>
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3. Date Incorporated or Qualified <b>05/02/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0582285</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>
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

9. Name and Address of Current Registered Agent

**ANDERSON, LOUIS C  
224 COMMERCIAL BLVD.  
SUITE 310  
LAUDERDALE-BY-THE-SEA FL 33308-4443**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVID WESSELS	
STREET ADDRESS	C/O 4501 OCEAN DR	
CITY - ST - ZIP	LAUDERDALE-BY-THE-SEA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUNNY HORTON	
STREET ADDRESS	C/O 4501 OCEAN DR	
CITY - ST - ZIP	LAUDERDALE-BY-THE-SEA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JAY SUTLIFF	
STREET ADDRESS	C/O 4521 POINCIANA ST	
CITY - ST - ZIP	LAUDERDALE-BY-THE-SEA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLAN GIBSON	
STREET ADDRESS	%4501 OCEAN DR.	
CITY - ST - ZIP	LAUDERDALE-BY-THE-SEA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRENCH, ANNA MAE	
STREET ADDRESS	%4501 OCEAN DR.	
CITY - ST - ZIP	LAUDERDALE-BY-THE-SEA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHN KOURY	
STREET ADDRESS	C/O 4501 OCEAN DR	
CITY - ST - ZIP	LAUDERDALE-BY-THE-WAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rosa Michailiuk	
1.3 STREET ADDRESS	C/O 4501 Ocean Dr.	
1.4 CITY - ST - ZIP	LAUDERDALE-BY-THE-SEA, FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" 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 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 617, 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

4/22/97  
Date

776-2728  
Daytime Phone # 0034288

CR2E037 (9/96)