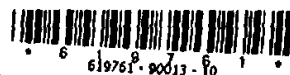


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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001421					
1. Corporation Name GOLDEN BEACH IMPROVEMENT FOUNDATION TRUST, INC.					
Principal Place of Business 7480 FAIRWAY DRIVE #206 MIAMI LAKES FL 33014			Mailing Address 7480 FAIRWAY DRIVE #206 MIAMI LAKES FL 33014		

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT -5 AM 11:30



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/11/1998 4. FEI Number 65-0829238 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PAVLOV, MARINA 7480 FAIRWAY DRIVE #206 MIAMI LAKES FL 33014				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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CHIKOVSKY, SARA ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	616 NORTH ISLAND	1.2 NAME	
STREET ADDRESS	GOLDEN BEACH FL 33160	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	1.4 CITY-ST-ZIP	
TITLE	D CUENCA, JUDY ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	325 CENTER ISLAND DR.	2.2 NAME	
STREET ADDRESS	GOLDEN BEACH FL 33160	2.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	2.4 CITY-ST-ZIP	
TITLE	D MELTZER, ODED ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	122 GOLDEN BEACH DR.	3.2 NAME	
STREET ADDRESS	GOLDEN BEACH FL 33160	3.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	3.4 CITY-ST-ZIP	
TITLE	D YARAM NAHARI ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	200 OCEAN BLVD	4.2 NAME	
STREET ADDRESS	GOLDEN BEACH 33160	4.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN BEACH 33160	4.4 CITY-ST-ZIP	
TITLE	D SUZY CHARNIE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5 OCEAN BLVD	5.2 NAME	
STREET ADDRESS	GOLDEN BEACH 33160	5.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN BEACH 33160	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/99

305-557-4650

Daytime Phone #