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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004731

1. Corporation Name

DEEDCO BEACH APARTMENTS, INC.

Principal Place of Business

C/O DEEDCO
141 N.E. 3RD AVE. SUITE 500
MIAMI FL 33132

Mailing Address

C/O DEEDCO
141 N.E. 3RD AVE. SUITE 500
MIAMI FL 33132


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		08/17/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0864787	
City & State		City & State		5. Certificate of Status Desired	
23		28		2	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution	
				7. Additional Fee Required	
				\$8.75	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BUTLER, BERNICE B
C/O DEEDCO
141 N.E. 3RD AVE. SUITE 500
MIAMI FL 33132

10. Name and Address of New Registered Agent

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

FL

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	1.1 TITLE	
NAME	WILLIAMS, LILLIE M	1.2 NAME	
STREET ADDRESS	141 N.E. 3RD AVE. SUITE 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	PHILLIPS, CAESAR	2.2 NAME	
STREET ADDRESS	141 N.E. 3RD AVE. SUITE 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BUTLER, BERNICE B	3.2 NAME	D JACKSON, ARTHUR
STREET ADDRESS	141 N.E. 3RD AVE. SUITE 500	3.3 STREET ADDRESS	141-NE 3rd Ave, #500
CITY-ST-ZIP	MIAMI FL 33132	3.4 CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D	4.1 TITLE	
NAME	WINN, SUSAN	4.2 NAME	
STREET ADDRESS	141 N.E. 3RD AVE. SUITE 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Daytime Phone #

CR2E037 (1/98)