FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400020767 (7)

BEACH HEIGHTS APARTMENTS, INC.

Principal Place of Business 1680 SW 53RD AVE PLANTATION FL 33317 Mailing Address

1680 SW 53RD AVE PLANTATION FL 33317-6002

FILED Apr 03 1997 8:00am Secretary of State



				I	03/14/1994	04/25/1996	пероп	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For	
21		26	I I		65-0499899		Not Applicable	
Suite, Ar	Suite, Apt. #, etc Suite, Apt. #, etc) .		5. Certificate of Status Desired		Additional Required	
	City & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	/ .	8. This corporation has liability for in			
24	25	29	30			Yes No	B. 155.002,	
•======================================	9. Name and Address of Curr		1001		10. Name and Address of New Reg			
SI	ubhash r Puranik		81	Name				
	00 N.W. 70TH AVENUE #202		<u> </u>					
PLANTATION FL 33317				82 Street Address (P.O. Box Number is Not Acceptable)				
r.	LANIATION FL 33317		83	 				
			63					
			84	City		85 Zip	Code	
				<u> </u>	poration submits this statement for the p	FL S		
office o agent I SIGNATURI			was authorized by 05, Florida Statute (NOTE Registered Ag		tion's board of directors. I hereby accept	t the appointment a	s registered	
12.		ND DIRECTORS	13.	era erginatura requi	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	T D	DELET			ADDITIONS/OFFACES TO OFFICE	Change	***************************************	
	PURANIK, SUBHASH	Fred Detter				E_1 ondingo	L Addition	
NAME	4000 CHE ESTO ALE		1.2 NAME					
STREET ADDRES	PLANTATION FL 33317		1.3 STREE	T ADDRESS				
CITY - ST - ZIP		7 6515	1.4 CITY - :	ST-ZIP				
TITLE	DIDANIK VACANTI	DELET	i i	l		☐ Change	Addition	
N4M£	PURANIK, VASANTI		2.2 NAME					
STREET ADORES	ss 1680 S.W. 53RD AVE	_	2.3 STREE	T ADDRESS				
CITY-ST-ZIP	PLANTATION FL, ラッツ		2 4 CITY-	ST-ZIP				
TITLE		DELET	E 3.1 TITLE		***	☐ Change	Addition	
NAME			3.2 NAME					
STREET ADDRES	55		3.3 STREE	T ADDRESS				
C-17 - S1 - 7H1			3.4. CITY-	ST-ZIP				
TITLE		DELE	E 4.1 TITLE			Change	Addition	
11111		_ DECE						
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NAME STREEL ADDRES CITY-SI-ZIP TILLE NAME			4. 2 NAME 4.3 STREE 4.4 CITY- 5 5.1 TITLE 5 2 NAME	T ADORESS		Change	Addition	
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6. For necesty certify that the information supplied with this filling does not quality for the exemption stated in Section 119 D7(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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/29/97

(954)384-8580 Dayfine Phone *