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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000020767**1. Corporation Name

BEACH HEIGHTS APARTMENTS, INC.

1 mospar i lace of Basi
1680 SW 53RD AVE
PLANTATION FL 33317

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90214 025 ***150.00



Principal Place	e of Business	Mailing Address					,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1680 SW 53RD AVE PLANTATION FL 33317		1680 SW 53RD AVE PLANTATION FL 33317				DO MOT MIDITE IN THIS S	DACE		
						DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	PACE		
						3. Date incorporated or Qualified 03/14/1994	•		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For	
21		26				65-0499899		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip 24	Country 25	Zip Cou 29 30				This corporation owes the current year Intagent Property Tax.	ngible Yes	□No	
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registered A	gent		i
A. (B)	LACUE OF BURNING			81	Name	•			l
	hash r puranik N.W. 70th avenue #202			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
Plan	NTATION FL 33317			83					l
				84	City		85 Zip	Code	l
						FL.	hanging its	spaintered	l
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized	i by 1	the corporation	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	ment as re	egistered	
SIGNATURE						d when reinstating) DATE			j
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F ND DIRECTORS	Registered	Ageni	t signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	3
12.	D OFFICERS AF	DELETE	1.1 TF	TLE .		ADDITIONS/OFFANOES TO ST TISENS AND	Change	Addition	
NAME	PURANIK, SUBHASH	_	1.2 N						
STREET ADDRESS	1680 SW 53RD AVE		1.3 STRE		ADDRESS				Ì
CITY-ST-ZIP	PLANTATION FL 33317		14 CITY-		1				(
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	PURANIK, VASANTI		2.2 NAME		1				
STREET ADDRESS	1680 S.W. 53RD AVE		2.3 STR		ADDRESS	·			
CITY-ST-ZIP	PLANTATION FL		2. 4 CITY		7-ZIP	· · · · · · · · · · · · · · · · · · ·			ı
TITLE		☐ DELETE	3.1 TI	πE			Change	☐ Addition	ì
NAME			3.2 N						l
STREET ADDRESS			3 3 \$1	REET	ADDRESS				l
CITY-ST-ZIP			_	ITY-S	T-ZIP		Change	Addition	ĺ
TITLE		☐ DELETE	4.1 TI				on.ungo		l
NAME			4. 2 NAM		ADDDECD				l
STREET ADDRESS			4.3 STRE						l
CITY-ST-ZIP		☐ DELETE	4.4 CITY		-230	- And the State of	Change	- Addition	1
TITLE NAME			5.1 TRILE			· · · · · · · · · · · · · · · · · · ·		_	1
STREET ADDRESS	52		5.3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE	6.1 TT	TLE			Change	☐ Addition	
NAME			6.2 N	AME					ĺ
STREET ADDRESS			6.3 ST	TREET	ADDRESS				l
			64.0	TY-ST	1. ZIP				ł

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 607, 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: