

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90031 025 \*\*\*150.00

DOCUMENT # P94000033426

1. Corporation Name

NORTH BEACH REALTY, INC. OF MIAMI BEACH

Principal Place of Business

1065 NE 125TH ST 102  
MIAMI FL 33161

Mailing Address

1065 NE 125TH ST 102  
MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1994

4. FEI Number

65-0503734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1065 N.E. 125<sup>TH</sup> ST #405

2a. Mailing Address

26 1065 N.E. 125<sup>TH</sup> ST #405

Suite, Apt. #, etc.

22 SUITE #405

Suite, Apt. #, etc.

27

City & State

23 NORTH MIAMI

City & State

28

Zip

24 33161

Country

25 Florida

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WHITTAKER, LAURIE S  
1065 NE 125TH ST 102  
MIAMI FL 33161

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 607.0502 and 607.1508, 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 607.0505, 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	DPST	<input checked="" type="checkbox"/> DELETE
NAME	SEGAL, ROBERTA	
STREET ADDRESS	1065 NE 125TH ST 102	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, KEVIN M	
STREET ADDRESS	1065 NE 125TH ST 102	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SEGAL, ROBERTA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1065 N.E. 125 <sup>TH</sup> ST #405	
1.3 STREET ADDRESS	NORTH MIAMI FL 33161	
1.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99 305/899-1065

CR2E034 (11/98)