

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000083577 (4)**

1. Corporation Name

BEACHWAY PLAZA, INC.



Principal Place of Business

P.O. BOX 8020
HALLANDALE FL 33008

Mailing Address

P.O. BOX 8020
HALLANDALE FL 33008

2. Principal Place of Business

21 **744 Jefferson**

Suite, Apt. #, etc.

22 **#8**

City & State

23 **Miami Beach, FL**

Zip

24 **33139**

Country

25 **USA**

2a. Mailing Address

26 **744 Jefferson**

Suite, Apt. #, etc.

27 **#8**

City & State

28 **Miami Beach, FL**

Zip

29 **33139**

Country

30 **USA**

3. Date Incorporated or Qualified

11/15/1994

3a. Date of Last Report

04/03/1995

4. FEI Number

65-0542349

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

KORN, GARY A
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

MARK U. Angelo

82 Street Address (P.O. Box Number is Not Acceptable)

744 Jefferson #8

83

Miami Beach

84 City

FL

85 Zip Code
33139

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

Mark U. Angelo **Mark U. Angelo**

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when resigning)

2/20/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE
NAME **ANGELO, MARK U.**
STREET ADDRESS **744 JEFFERSON AVE.**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
ANGELO, MARK U.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-ST-ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mark U. Angelo **Mark U. Angelo**

Signature and typed or printed name of signing officer or director

2/20/96 **(305) 532-7011**

DATE

Telephone

CR2E034 (12/95)