

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90024 032 ***150.00

DOCUMENT # P96000012757

1. Corporation Name

OCEANSIDE HOTEL MANAGEMENT CORP.

Principal Place of Business
800 NORTH ATLANTIC AVENUE
DAYTONA BEACH FL 32118

Mailing Address
17201 COLLINS AVENUE
SUNNY ISLES FL 33160
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1996

4. FEI Number

59-3360603

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 4101 N. Andrews Ave.

Suite, Apt. #, etc.

22 Suite 114

23 Ft. Lauderdale FL.

Zip Country

24 33309 25 USA

2a. Mailing Address

26 4101 N. Andrews Ave.

Suite, Apt. #, etc.

27 Suite 114

28 Ft. Lauderdale, FL

Zip Country

29 33309 30 USA

9. Name and Address of Current Registered Agent

KATZ, DAVID
17201 COLLINS AVENUE
SUNNY ISLES FL 33160

10. Name and Address of New Registered Agent

81 Name David Katz
82 Street Address (P.O. Box Number is Not Acceptable)
4101 N. Andrews Ave Suite 114
83
84 City Ft. Lauderdale FL 85 Zip Code 33309

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 DATE 4/26/99

(NOTE: Registered Agent signature required when reinstating)

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

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME KATZ, JOYCE
STREET ADDRESS 19052 NE 29TH AVE.
CITY-ST-ZIP AVENTURA FL 33180

TITLE P ☐ DELETE

NAME KATZ, DAVID
STREET ADDRESS 19052 NE 29TH AVE.
CITY-ST-ZIP AVENTURA FL 33180

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Katz, Joyce
1.3 STREET ADDRESS 4101 N. Andrews Ave. Suite 114
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Katz, David
2.3 STREET ADDRESS 4101 N. Andrews Ave. Suite 114
2.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

4/26/99 954 638-1441

CR2E034 (11/98)