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Jun 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000012767 (5)

1. Corporation Name

HARBOUR BEACH HOTEL MANAGEMENT CORP.



Principal Place of Business

701 SOUTH ATLANTIC AVE.
DAYTONA BEACH FL 32118

Mailing Address

701 SOUTH ATLANTIC AVE.
DAYTONA BEACH FL 32118-4511

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

02/09/1996

4. FEI Number

Applied For

59-3360545

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

KOBERT, ROGER S
241 SEVILLA AVE.
SUITE 805
CORAL GABLES FL 33134

81 Name

Ilene Kobert

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

19052 NE 29th Avenue

83

84 City

Aventura

FL

85 Zip Code

33180

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

Ilene Kobert

4-14-97

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

(NOTE: Registered Agent signature required when revisiting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KATZ, JOYCE
STREET ADDRESS 19370 COLLINS AVENUE APT. 1118-C
CITY-ST-ZIP N MIAMI BEACH FL 33180

TITLE D
NAME KATZ, DAVID D
STREET ADDRESS 19370 COLLINS AVENUE APT. 1118-C
CITY-ST-ZIP N MIAMI BEACH FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Katz, David
1.3 STREET ADDRESS 19052 NE 29th Ave
1.4 CITY-ST-ZIP Aventura, FL 33180

2.1 TITLE V
2.2 NAME Katz, Joyce
2.3 STREET ADDRESS 19052 NE 29th Ave
2.4 CITY-ST-ZIP Aventura, FL 33180

3.1 TITLE V
3.2 NAME Kobert, Ilene
3.3 STREET ADDRESS 19052 NE 29th Ave
3.4 CITY-ST-ZIP Aventura, FL 33180

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(8)(b), 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:

Ilene Kobert

Ilene Kobert

4/14/97 3:59:35 PM

CR2E034 (9/96)