

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 90025 022 \*\*\*150.00

DOCUMENT # P96000012767

1. Corporation Name  
HARBOUR BEACH HOTEL MANAGEMENT CORP.

Principal Place of Business  
17201 COLLINS AVE  
SUNNY ISLES FL 33160

Mailing Address  
17201 COLLINS AVE  
SUNNY ISLES FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4101 N. Andrews Ave.

2a. Mailing Address

26 4101 N. Andrews Ave.

Suite, Apt., #, etc.

22 Suite 114

Suite, Apt., #, etc.

27 Suite 114

City & State

23 Ft. Lauderdale FL

City & State

28 Ft. Lauderdale FL

Zip

24 33309

Country

25 USA

Zip

29 33309

Country

30 USA

9. Name and Address of Current Registered Agent

DAVID KATZ  
17201 COLLINS AVE  
SUNNY ISLES FL 33160

3. Date Incorporated or Qualified

02/09/1996

4. FEI Number

59-3360545

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

10. Name and Address of New Registered Agent

81 Name

Katz, David

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

4101 N. Andrews Ave

83

Suite 114

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME KATZ, JOYCE

STREET ADDRESS 17201 COLLINS AVE

CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE PVS ☐ DELETE

NAME KATZ, DAVID

STREET ADDRESS 17201 COLLINS AVE

CITY-ST-ZIP SUNNY ISLES FL 33160

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

1.1 TITLE ☒ Change ☐ Addition

NAME KATZ, JOYCE

1.2 NAME 4101 N. Andrews Ave, Suite 114

1.3 STREET ADDRESS Ft. Lauderdale FL 33309

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE PVS

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

DATE

DAYTIME PHONE #

4/26/99 954 630-1234

CR2E034 (11/98)

0233647