

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000044807 (1)
1. Corporation Name
6TH STREET SOUTH CORP.



Principal Place of Business: **1 LA GORCE CIRLCE MIAMI BEACH FL 33141**
Mailing Address: **1 LA GORCE CIRLCE MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/20/1996**
4. FEI Number: **65-0687080**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **708 6th Street**
2a. Mailing Address: **2995 FLAMINGO DR.**
23. City & State: **MIAMI BEACH, FL**
29. City & State: **MIAMI BEACH, FL**
24. Zip: **33139** 25. Country: **USA**
28. Zip: **33140** 30. Country: **USA**

10. Name and Address of New Registered Agent
81 Name: **SAM L**
82 Street Address (P.O. Box Number is Not Acceptable): **2995 FLAMINGO DRIVE**
84 City: **MIAMI BEACH** FL 85 Zip Code: **33140**

9. Name and Address of Current Registered Agent: **DEVECHT, SCOTT L ONE LA GORCE CIRCLE MIAMI BCH FL 33141**
11. Pursuant to the provisions of Sections 607.0502 and 607.1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 607.0502, Florida Statutes.
SIGNATURE: **Scott L. DeVeucht** DATE: **9/20/98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LOMBARDI, DAVID	
STREET ADDRESS	1 LA GORCE CIRLCE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	DEVECHT, SCOTT L	
STREET ADDRESS	1 LA GORCE CIRLCE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2995 FLAMINGO DRIVE
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2995 FLAMINGO DRIVE
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
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 supplementary 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: **Scott L. DeVeucht** DATE: **9/20/98**

CR2E034 (10/97)