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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600050788 (4)

THUNDER ON THE BEACH, INC.

Principal Place of Business	Mailing Address
737 WASHINGTON AVE. MIAMI BEACH FL 33139	737 WASHINGTON AVE. Miami Beach Fl 33139-6209
Delegated Discount Discount	e Mailing Address

FILED May 02 1997 8:00am Secretary of State



27 City & State City & State City & State 28 Country Zip Country 29 30 Richard Address of Current Registered Agent DUNN, ROBERT 930 WASHINGTON AVENUE MIAMI FL 33139 Extract City & State Country Status Desired Trust Fund Contribution Furust Fund Contribution Country Status Desired Trust Fund Contribution First Fund Cont	Applied For Not Applicab 3.75 Additional Fee Required 5.00 May Be Added to Fees nder s. 199.032,
3. Date Incorporated or Qualified 06/13/1996 2. Principal Place of Business 22. Mailing Address 23. Suite. Apt. #, etc. 24. Suite. Apt. #, etc. 25. Certificate of Status Desired 27. City & State 28. City & State 29. City & State 29. Country 21. Country 21. Country 22. This corporation has liability for intangible tax upon the foliation of the	Applied For Not Applicab 3.75 Additional Fee Required 5.00 May Be Added to Fees nder s. 199.032,
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DUNN, ROBERT 930 WASHINGTON AVENUE MIAMI FL 33139 B1 Name ROBERT S2 Street Address (P.O. Box Number is Not Rose Mable)	
930 WASHINGTON AVENUE 82 Street Address (P.O. Box Nurrose) is Not 10 septiable), MIAMI FL 33139	
MIAMI FL 33139 3500 5W 92 54	
°° Surfe. 202.	
84 City Miami FL 85	Zip Code
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 characteristics 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 appointm agent. I am familiar with aird accept the problematics of Section 607.0605, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	thange Additi-
NAME POLSKY, JOAN 1.2 NAME	
STREET ADDRESS 9070 KIMBERLY BLVD., SUITE 28 1.3 STREET ADDRESS 1.4 City - ST - ZIP 1.4 City - ST - ZIP	
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14. I do 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 It's 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 in an attachmen with an address.

SIGNATURE: