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

PROFIT CORPORATION ANNUAL REPORT



H ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000057052 (8) BEACHSIDE PROPERTIES, INC.

MACK International healty

Principal Place of Business

Mailing Address

FILED May 19 1998 8:00am Secretary of State



| 18359 CORAL ISLES DR BOCA RATON FL 33498 | | 18359 CORAL ISLES DR BOCA RATON FL 33498 | | | | | | | |
|---|---|---|----------------------|----------------|------------------|---|--|--------------------------|--|
| | | | | | | DO NOT WRIT | E IN THIS SP | ACE | |
| • | | | | | 3. | Date Incorporated or Qualified 07/03/1996 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. | FEI Number | | Ar | pplied For |
| 21 | | 26 | | | | 65-0684534 | | No | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | Certificate of Status Desired | | \$8.75 | Additional |
| 22 | | 27 | | | <u> </u> | Certificate of Status Desired | | Fee Re | equired |
| City & State | 0 | City & State | | | 6. | Election Campaign Financing | _ | | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | Coun | iry | 8. | This corporation owes or has p | and the same of th | | tangible |
| 24 | 25 9. Name and Address of Curren | ·· L_34 L | 30 | | | Personal Property Tax due Jun- Name and Address of New R | | | ST-NO |
| 07/ | | r negistered Agent | | 31 Name | | Hame and Addition of Non-Fr | ogratorou m | , on c | |
| | EIN, DAVID | | | | | | | | |
| | 359 CORAL ISLES DR | | 1 | 32 Street | : Address (F | O. Box Number is Not Accepta | ible) | | |
| L RO | CA RATON FL 33498 | | | 33 | | | | | |
| | | | | | | | | | |
| | | | [4 | 34 City | | | FL | 85 Zip | Code |
| 44 Purcuant | to the provisions of Sactions 607.050 | 2 and 607 1508 Horida Statutes | s the ab | ve-namer | d cornoratio | n submits this statement for the | | hanning i | ts registered |
| 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. | | | | | | | | | |
| • | m tamiliar with, and accept the obliga | itions of, Section 607.0505, Flor | iga Statu | ies. | | | | | |
| SIGNATURE | Signature, typed or printed name of regrit then age | Land tipe d'applicable (NOTE: | Registered | Agent signatur | re required when | reinstating) | DATE | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFF | CERS AND I | DIRECTOR | RS IN 12 |
| TITLE | D | ☐ DE LETE | 1.1 1014 | F | | | | Change | Addition |
| NAME | STEIN, DAVID | | 1.2 NAA | 1E | | | | | |
| STREET ADDRESS | 18359 CORAL ISLES DR | | 1.3 STR | EET ADDRESS | | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33498 | | 1.4 CITY | -ST-ZIP | | | | | |
| TITLE | | DELETE | 2 1 TITL | F | | | [. | Change | Addition |
| NAME | | | 2.2 NAM | 1F | | | | | |
| STREET ADDRESS | | | 2.3 STR | FET ADDRESS | 1 | | | | |
| CITY-ST-ZIP | | | 2. 4 CITY - ST - ZIP | | ļ | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | L | Change | Addition |
| NAME | | | 3.2 NAN | 1E | | | | | |
| STREET ADDRESS | | | 3.3 STR | FET ADDRESS | | | | | |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | - | Y-ST-ZIP | ļ | · · · · · · · · · · · · · · · · · · · | | | |
| TITLE | | DELETE | 4.1 TITL | | | manife famile from Frank Frank Frank Frank Frank | | Change | Addition |
| NAME | | | 4. 2 NA | ΝE | | 70000252 -05/19/98010 | | , r | |
| STREET ADDRESS | | | 4.3 STR | EET ADORESS | | | 0377033 | , | |
| CITY-ST-ZIP | | | | -ST-ZIP | | ***150.00 | | ٦., | - 17 17 17 17 17 17 17 17 17 17 17 17 17 |
| TITLE | | ☐ DELETE | 5.1 TITU | | - | | L | Change | Addition |
| NAME | | | 5.2 NAN | | | | | | D 2 |
| STREET ADDRESS | | | 5.3 STR | EET ADDRESS | 1 | | | | 5.19 |
| CITY-ST-ZIP | | No. ETC | | /-ST-ZIP | | | | Chases | Addition |
| TITLE | | L_] DELETE | 6.1 7([] | | | | L. | Change | ☐ Addition |
| NAME | | | 6.2 NAN | | | | | | |
| STREET ADDRESS | | | | EET ADORESS | | | | | |
| CITY-ST-ZIP | pertify that the information supplied w | th this filmer close not qualify for | | r-ST-ZIP | tert in Soction | on 119 07(3)(i) Florida Statutes | Hurther cert | ify that the | e information |
| Indicated officer or | or this arrival report of supplementa on this arrival report of supplementa director of the corporation or the reco or Block 13 if changed, or on an attac | l annual report is tru e and accu aver or trustee emp owered to e: | rate and | that my si- | ionature sha | ill have the same legal effect as | if made unde | er oath; th y name ap | ıatlaman |