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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000011499

1. Corporation Name

THE COVE AT THE LANDINGS, INC.



Principal Place of Business 115 NW 167TH STREET STE 300 N MIAMI BCH FL 33169 US		Mailing Address 115 NW 167TH ST STE 300 N MIAMI BCH FL 33169 US		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/05/1997	
21		26		4. FEI Number 65-0745466	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip Country		Zip Country		10. Name and Address of New Registered Agent	
24		29		81 Name Saby Behar	
Country		Country		82 Street Address (P.O. Box Number is Not Acceptable) 115 NW 167 Street, Suite 300	
25		30		83	
b. Name and Address of Current Registered Agent		c. Name and Address of Current Registered Agent		84 City North Miami Beach FL 85 Zip Code 33169	
KASSIN, ROBERTO 115 NW 167TH ST STE 300 N MIAMI BCH FL 33169		KASSIN, ROBERTO 115 NW 167TH ST STE 300 N MIAMI BCH FL 33169		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		DATE 2/15/99	
Signature, typed or printed name of registered agent and title if applicable.		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		D, V, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D KASSIN, ROBERTO 115 NW 167TH STREET STE 300 N MIAMI BCH FL 33169		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		D, V, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D BEHAR, SABY 115 NW 167TH STREET STE 300 N MIAMI BCH FL 33169		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		D, P Bruce R. Jarvis 115 NW 167-Street, Suite 300 North Miami Beach, FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
D --- --- ---		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		D, V Granvil Tracy 115 NW 167 Street, Suite 300 North Miami Beach, FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
D --- --- ---		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D --- --- ---		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

114. 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 REQUIRED

Bruce R. Jarvis 2/15/99

305-654-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)