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PROFIT CORPORATION ANNUAL REPORT 1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Katherine Harris

. Secretary of State DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90006 008 ***150.00

DOCUMENT # P970 1. Corporation Name ELITE BEACH RESIDENCES, IN	IC.) .	4	
Principal Place of Business	Mailing Address			1908 (1904) (COIST TOOT 1008 (MAN DIRAN IRRI 1890
533 SOUTH FEDEREAL HIGHWAY	P.O. BOX 02-9010				
ITH FLOOR	FT. LAUDERDALE FL 3330	1			
T. LAUDERDALE FL 33301				ITE IN THIS SPACE	
			3. Date Incorporated or Qualifed 09/05/1997	i	•
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For
1	26	. •	65-0788579		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			□ \$8.7	5 Additional
2	27.		5. Certificate of Status Desired	Fee	Required
City & State	City & State		6, Election Campaign Financing	\$5.0	0 May Be
3	28	<u> </u>	Trust Fund Contribution	Add	ed to Fees
Zip Country	Zip	Country	8. This corporation owes the cur	· <u></u>	~
4 25	29	30	Personal Property Tax.	Yes	□No
9. Name and Address of C	Current Registered Agent	81 Name	10. Name and Address of New	Registered Agent	
MATTEL, HARVEY	Property and the second second	81 Name	•		
633 SOUTH FEDEREAL HIGHW	ÁÝ	82 Street Add	fress (P.O. Box Number is Not Accept	table)	
8TH FLOOR		83	Transfer Miller and Antonio Alban, Al	The second section of the second	* * * * * * * * * * * * * * * * * * *
FT. LAUDERDALE FL 33301		63			
11. 2 (000)		84 City			ip Code
11. Pursuant to the provisions of Sections 60				<u> </u>	
office or registered agent, or both, in the agent. I am familiar with, and accept the		authorized by the corporational Statutes. E: Registered Agent signature require		DATE	registered
office or registered agent, or both, in the agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registe	red agent and title if applicable. (NOTE	authorized by the corporationida Statutes. Registered Agent signature required. 13.	ed when reinstating) 11351	DATE FICERS AND DIREC	TORS IN 12
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