

FILED
Apr 22 1998 8:00am
Secretary of State

DOCUMENT # P97000100432 (8)
1. Corporation Name
INTRACOASTAL SIDE APARTMENTS, INC.

Principal Place of Business	Mailing Address
1909 HARRISON ST., SUITE 212 HOLLYWOOD FL 33020	1909 HARRISON ST., SUITE 212 HOLLYWOOD FL 33020

2. Principal Place of Business		2a. Mailing Address	
21	3011 N. Ocean Dr.	2b	3011 N. Ocean Dr.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Hollywood FL	28	Hollywood FL
Zip	Country	Zip	Country
24	33019	25	Broward
29	33019	30	Broward

9. Name and Address of Current Registered Agent	
BRIEN, JOSEPH 1909 HARRISON ST., SUITE 212 HOLLYWOOD FL 33020	81 Name
	82 Street Address
	83
	84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate office of registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Joseph Gruen Regis

Printed name of authorized agent and title, if applicable. (NOTE: Registered Agent signature required.)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	BRIEN, JOSEPH 1909 HARRISON ST., SUITE 212 HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PR DO 3	
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY - ST - ZIP			1.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 11/21/1997		
4. FEI Number 138-72-1131		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
ess (P.O. Box Number is Not Acceptable)		
FL 85		Zip Code

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 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.

CR2E034 (10/97)