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

PROFIT CORPORATION ANNUAL REPORT

1998

Block 12 or Block 13 if changed



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100432 (8)

INTRACOASTAL SIDE APARTMENTS, INC.

FILED Apr 22 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address											
1909 HARRISON ST., SUITE 212 1909 HARRISON ST., SUITE 21 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020						1					
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						ľ	3. Date Incorporated or Qua	lified			
							11/21/1997				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Aj	oplied For	
21 3011 N. Wean Dr. 26 3011 N. Oct					anD	r	138-12-1/3/		No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desir	ed 🗆		Additional	
27							5. Continuate of Olatos Desir		Fee Re	equired	
City & State C City & State					CI		6. Election Campaign Finance	cing		May Be	
23 HOLLWOOD PL 28 HOLLWOOD					<i>r</i>		Trust Fund Contribution	<u></u>	Added	to Fees	
^{Zip'} っユ	ALCO COL	Broward 201	Zp >3 ~ (0)	Country		أمرسا	8. This corporation owes or				
24 35	0 7 25	25		0 1	row	in	Personal Property Tax du			_ No	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent RDIEN INSERH											
	EN, JOSEPH	*		81	Name						
1909 HARRISON ST., SUITE 212					82 Street Address (P.O. Box Number is Not Acceptable)						
HOLLYWOOD FL 33020							`				
				83	ŀ						
				84	City				85 Žip	Code	
	$\widehat{}$			04	City			۴٤	_ 65 210	Code	
11. Pursuant	the provisions of S	ections 607.0502 and 60	7.1508, Florida Statutes	, the abov	e-named	corpor	ation submits this statement fo	r the purpose of	of changing i	ts registered	
office of re	e gistere d agent, or b n familiar with and a	ooth, in the State of Florida accept the obligations of	a. Such change was au Section 607.0505. Flori	tnorized bi da Statute	y the corp	oration	ation submits this statement for his board of directors. I hereby	accept the ap	pointment as	registered	
` `	Mo	nh Phu	-10.	#	×ea	1150	tered agen	it i	4114	198	
SIGNATURE	Signature: 550 uct or Funted	iame of registered agent and title if	applicable (NOTE	Registered Ag	eni signaliye i	required	when reinstating)	DATÉ			
12.		OFFICERS AND DIRECT	TORS	13.		$\overline{}$	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	RS IN J2	
TITLE	0.0		DELETE	1.1 TITLE		m	esident		Change	Addition	
NAME	Brien, Josep			1.2 NAME		M	n Kennedu		n '		
STREET ADDRESS		N ST., SUITE 212		1.3 STREET	ADDRESS	30	I = I = I = I = I = I = I = I = I = I =	a Ocea	en Dr	[ا	
CITY-ST-ZIP	HOLLYWOOD	FL 33020		1.4 CITY-5	ST-ZIP	00	a la	Holl	ywood	R	
TITLE	-		☐ DELET E	2.1 TITLE				·	Change '	Addition	
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREET	ADDRESS						
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TITLE			DELETE	3.1 TITLE					Change	Addition	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREET	ADDRESS						
CITY-ST-ZIP				3.4. CITY-							
TITLE			☐ DELETE	4.1 THILE			 		Change	Addition	
NAME			•	4. 2 NAME					-		
STREET ADDRESS				4.3 STREET							
CITY+ST-ZIP				4.4 CITY - 5							
TITLE			DELETE	5.1 TITLE	/ 2"				Change	Addition	
NAME				5.2 NAME							
					ADDRESS						
STREET ADDRESS				5.3 STREET	- 1						
CITY-ST-ZIP			DELETE	5.4 CITY - S	31-211				Change	Addition	
TITLE			PT DEFEIG	6.1 TITLE					— cuantic	□ Munition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET	- 1						
CITY-ST-ZIP	- 49. ib 1 et - 1-4-	Attachments disease act for		6.4 CITY - S		4:- 0	nation 440 07/000 Florida Occ		andife the state of	. information	
1 5. I hereby ce Indicated o	ertify that the informa on this annual report	ation supplied with this fili Lor supplemental angual i	ing does not quality for report is true and accur	ine exemp ate and th	uon stated at my sion	a in Se nature	ection 119.07(3)(i), Florida Stat	utes. I turther c ct as if made u	ertify that the	at I am an	
officer or d	lirector of the corpor	ration or the receiver or if	unice empowered to ex	ecute this	report as	require	shall have the same legal effe ed by Chapter 607, Florida Sta	tutes; and that	my name ap	pears in	