

**CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 AUG 31 PM 3:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. Corporation Name
BLOCKTOBEACH PROPERTIES, INC.

DOCUMENT #
575865

Mailing Address Principal Place of Business
**1700 James Avenue
Miami Beach FL 33139**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address **same** 2a. Principal Place of Business **1700 James Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
23 **28** **Miami Beach FL**
Zip Country Zip Country
24 **25** **33139** **29** **30** **USA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **9/12/91** 3a. Date of Last Report **2/19/98**
4. FEI Number **65-0284401** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** 6. Election Campaign
Financing Trust
Fund Contribution ☐
\$5.00 May Be
Added to Fees
7. Nonprofit Exempt from \$138.75
Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ALAN J MARCUS, Esq
20803 Biscayne Blvd Ste 301
Aventura FL 33180

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE **[Signature]** DATE **8/23/99**
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	P15/TVP	1.1 TITLE		1.1 TITLE		1.1 TITLE	
12 NAME	STEPHEN A. SAULS	1.2 NAME		1.2 NAME		1.2 NAME	
13 STREET ADDRESS	1700 James Ave	1.3 STREET ADDRESS		1.3 STREET ADDRESS		1.3 STREET ADDRESS	
14 CITY-ST-ZIP	Miami Beach FL 33139	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
21 TITLE		2.1 TITLE		2.1 TITLE		2.1 TITLE	
22 NAME		2.2 NAME		2.2 NAME		2.2 NAME	
23 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
24 CITY-ST-ZIP		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
31 TITLE		3.1 TITLE		3.1 TITLE		3.1 TITLE	
32 NAME		3.2 NAME		3.2 NAME		3.2 NAME	
33 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
34 CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
41 TITLE		4.1 TITLE		4.1 TITLE		4.1 TITLE	
42 NAME		4.2 NAME		4.2 NAME		4.2 NAME	
43 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
44 CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
51 TITLE		5.1 TITLE		5.1 TITLE		5.1 TITLE	
52 NAME		5.2 NAME		5.2 NAME		5.2 NAME	
53 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
54 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
61 TITLE		6.1 TITLE		6.1 TITLE		6.1 TITLE	
62 NAME		6.2 NAME		6.2 NAME		6.2 NAME	
63 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
64 CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the recipient trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: **[Signature]** **8/23/99** **705 422 5660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #