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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # V18616

ST. TROPEZ LIVING, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90066 016 ***150.00



							il 1910) (191 8)			
Principal Place	of Business	Mailing Address								
ONE SOUTH POINTE DRIVE ONE SOUTH POINTE DRIVE										
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139			3139			DO NOT WRITE IN THIS SPACE				
US US					<u> </u>	3. Date Incorporated or Qualifed				
					'	• • • • • • • • • • • • • • • • • • • •	zuanieu		ł	
		1.				03/04/1992			Alind Cor	
	WASHINGTON AVE.	2a. Mailing Addres			I .	I. FEI Number			Applied For	
		STON AVE.		65-0330390			Not Applicable			
Suite, Apt. #, etc.						. Certifcate of Status De	esired 🗌		5 Additional Required	
$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$										
City & State City & State			med all	all El		6. Election Campaign Fin	- 1		00 May Be ed to Fees	
23 MIAN		28 MIAMI	BEACH	+		Trust Fund Contributio			ed to rees	
Zip	Country	Zip	Cod	PACE	8	I. This corporation owes	-	year intangible ☐ Yes	□No	
24 <u>33</u> 13		29 33139	[30]	ALL		Personal Property Tax Name and Address of				
	9. Name and Address of Current	Registered Agent		81 Name				l .	- 1	
TUOCATE DODERY OF					81 Name BRIAN A. HART, P.A. THOMSON, MURARO, RAZOOK & HART, P.A.					
-THREATT, ROBERT R ONE-SOUTH-POINTE-DRIVE				82 Street Address (P.O. Rox Number in the Acceptable)						
		ONE GOUTH EAST THIRD AVENUE					5			
MIAN	ALBEACH FL 33139			83	*	17TH A1	YOR .	*	· 1	
	6			84 City			 :		Zip Code	
	+				. * : XX	IMMI		FL 🐃	39131	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida	Statutes, the a	bove-named	corporati	on submits this statemen	t for the purp	oose of changing	j its registered	
office or re agent. I a	egistered age nt, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change one of, Section 607.05	e was authorized 05, Florida St a ti	utes.	oradonsi	board of directors. Theref	by accept the	s appointment a	3 registered	
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.									1	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered	Agent signature r	required when			DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES	TO OFFICE			
TITLE	PDST	☐ DEL	ETE 1.1 711	rle	4. 9			Chan	ge	
NAME	KRAMER, THOMAS		. 1.2 NA	ME		WASHINGTON	J AVE	•		
STREET ADDRESS	ONE SOUTH POINTE DRIVE		1.3 ST	REET ADDRESS		E 120			ľ	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CI	TY-ST-ZIP	MIX	MI BEACH,	<u>L_</u>	33139		
TITLE	₩P %	☑ DEL	ETE 2.1 TI	rle .		•		Char	ige Addition	
NAME	HANAU, HENRICH VON		2.2 N	ME						
STREET ADDRESS	ONE-SOUTH POINTE DRIVE		2.3 ST	REET ADDRESS				-		
CITY-ST-ZIP	MIAMI BEACH FL 33139	•	2.4 C	ITY-ST-ZIP						
TITLE	VP	☐ DEL	ETE -3.1 TI	TLE	10.5	14/01/11/20	1 100	☑ Chan	ige 🗌 Addition	
NAME	NEE, MARGARET		3.2 N/	ME		MASHINGTON	" WA	• •		
STREET ADDRESS	ONE SOUTH POINTE DRIVE		3.3 \$1	REET ADDRESS	SUIT	120				
CITY-ST-ZIP	MIAMI BEACH FL 33139		34.C	ITY-ST-ZIP	Mid	MI BEACH,	FL	33139	^	
TITLE	VP	DEL				المنتي <u>ــــــــــــــــــــــــــــــــــــ</u>			<u>्रत्राः ५ -</u> भा	
NAME	THREATT, ROBERT	* *	4. 2 N	AME :	·	. (<u> </u>	تستنسر	₽, <u>~ -</u>		
STREET ADDRESS	ONE SOUTH POINTE DRIVE		43.51	REET ADDRESS	ا ا				ŀ	
	4114441 001401101 00400			TY-ST-ZIP		`	- ÷, ;	· · · · · · · · · · · · · · · · · · ·	•	
CITY-ST-ZIP TITLE	AS STATE OF THE ST	□ DEL			 			Char	nge	
	COLONNESE, CATHERINE		5.2 N/		4.4	MACHILLAN	LIE	CIVITE	. 120	
NAME	ONE SOUTH POINTE DRIVE			REET ADDRESS	404	MYSHINDIN	, , , ,	7 SUILE	. 120	
STREET ADDRESS				TY-ST-ZIP	Mix	WASHINGTON MI BEACH,	FI	22129		
CITY-ST-ZIP	MIAMI BEACH FL 33139	☐ DEL			17(12)	in compact	<u> </u>	Char	nge Addition	
TITLE			6.2 N							
NAME	• • •			REET ADDRESS	,					
STREET ADDRESS			0.3 21	MEET VODICESS	'}					

6.4 CITY-ST-ZIP CITY-ST-ZIP 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, with all other like empowered.