


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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90098 031 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # V59741</b>			
1. Corporation Name <b>MIRAMAR BEACH APARTMENTS, INC.</b>			
Principal Place of Business <b>98 AVENIDA MESSINA SARASOTA FL 34242</b>		Mailing Address <b>98 AVENIDA MESSINA SARASOTA FL 34242</b>	
2. Principal Place of Business 21 <b>92 AVENIDA MESSINA</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>92 AVENIDA MESSINA</b> Suite, Apt. #, etc.	
22 <b>SARASOTA FL</b> City & State 23 <b>34242</b> Zip		27 <b>SARASOTA, FL</b> City & State 28 <b>34242</b> Zip	
9. Name and Address of Current Registered Agent <b>PFLUGNER, J. GEOFFREY 2033 MAIN STREET, SUITE 600 SARASOTA FL 34237</b>			
10. Name and Address of New Registered Agent 81 Name <b>MARY ANN RUESEWALD</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>98 AVENIDA MESSINA</b> 83 84 City <b>SARASOTA</b> FL 85 Zip Code <b>34242</b>			
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. SIGNATURE <b>Mary Ann Ruesewald</b> DATE <b>1/15/99</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>RUESEWALD, MARY ANN</b> STREET ADDRESS <b>98 AVENIDA MESSINA</b> CITY-ST-ZIP <b>SARASOTA FL</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <b>ST</b> <input checked="" type="checkbox"/> DELETE NAME <b>RUESEWALD, MARY ANN</b> STREET ADDRESS <b>98 AVENIDA MESSINA</b> CITY-ST-ZIP <b>SARASOTA FL</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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.

SIGNATURE: **Mary Ann Ruesewald** DATE **1/15/99** 941 349-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)