

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
 AMOUNT DUE ON OR BEFORE 8/8/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION  
 ANNUAL REPORT  
 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 AUG -4 AM 10:15

DOCUMENT # V66501 (0)

1. Corporation Name

MIAMI SEASIDE RESORT CORP.

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE.	
C/O ADORNO & ZEDER 2601 S. BAYSHORE DR., #1600 MIAMI FL 33133 US		C/O ADORNO & ZEDER 2601 S. BAYSHORE DR. #1600 MIAMI FL 33133 US		3. Date Incorporated or Qualified 09/28/1992	3e. Date of Last Report 05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 111 West Fortune Street	26 111 West Fortune Street	65-0360353	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Tampa, FL	28 Tampa, FL	<input type="checkbox"/>	
Zip Country	Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 33602	29 33602	30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCKIBBIN, DAVID A. 2601 SO BAYSHORE DR STE. 1600 MIAMI FL 33133				81 Name	Robinson Callen		
				82 Street Address (P.O. Box Number is Not Acceptable)	111 West Fortune Street		
				83			
				84 City	Tampa	85 Zip Code	FL

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: *David A. McKibbin* (Signature, typed or printed name of registered agent and the filer) *Robinson Callen* (NOTE: Registered Agent signature required when constituting) *7/21/95* (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKIBBIN, DAVID A.	1.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DR., #1600	1.3 STREET ADDRESS	"DELETE"
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLEN, ROBINSON	2.2 NAME	
STREET ADDRESS	2201 COLLINS AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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.

SIGNATURE: *Robinson Callen* (Signature and typed or printed name of signing officer or director) *7/21/95* (Date) *305-532-9112* (Telephone Number)

CR2E034 (3/95)