

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 267087 (5)**  
 1. Corporation Name  
**THE BEACHCOMBERS INTERNATIONAL, INC.**



Principal Place of Business <b>N TAMAMI TRAIL P O BOX 250 FT MYERS FL 33902</b>	Mailing Address <b>N TAMAMI TRAIL P O BOX 250 FT MYERS FL 33902</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/13/1963</b>	
21	22	26	27	4. FEI Number <b>59-1032784</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CHERNIN, HARRY A. 1206 PLUMOSA DR. FORT MYERS FL 33902</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VTD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHERNIN, IRWIN			1.2 NAME			
STREET ADDRESS	900 STRANGLER FIG LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	SAMBEL ISLAND FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORREALE, LESLIE CHERNIN			2.2 NAME			
STREET ADDRESS	1284 CALOOSA DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMSTADT, NANCY CHERNIN			3.2 NAME			
STREET ADDRESS	4187 ERINDALE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHERNIN, HARRY			4.2 NAME			
STREET ADDRESS	1206 PLUMOSA DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEREB, ELIZABETH C.			5.2 NAME			
STREET ADDRESS	19540 GOTTARDE ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 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.

SIGNATURE: Nancy Romstadt 4/21/98 (941) 751-2111

CR2E034 (10/97)