

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90220 021 ***150.00

DOCUMENT # 267087

1. Corporation Name
THE BEACHCOMBERS INTERNATIONAL, INC.

Principal Place of Business

N TAMiami TRAIL
P O BOX 250
FT MYERS FL 33902

Mailing Address

N TAMiami TRAIL
P O BOX 250
FT MYERS FL 33902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1963

4. FEI Number

59-1032784

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CHERNIN, HARRY A.
1206 PLUMOSA DR.
FORT MYERS FL 33902

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 607.0501 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

Signature, typed or printed name of registered agent and title if applicable.

(NONE) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VTD
CHERNIN, IRWIN
900 STRANGLER FIG LANE
SANIBEL ISLAND FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
MORREALE, LESLIE CHERNIN
1264 CALOOSA DRIVE
FT MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SD
ROMSTADT, NANCY CHERNIN
4187 ERINDALE DRIVE
NORTH FORT MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
CHERNIN, HARRY
1206 PLUMOSA DRIVE
FT MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
VEREB, ELIZABETH C.
19540 GOTTARDE ROAD
NORTH FORT MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

64 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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:

Nancy Romstadt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/99 (941) 731-2111

CR2E034 (11/98)

04/7850