


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

**FILED**  
**Apr 03 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 # 624829 (8)**  
 1. Corporation Name  
**BEECH MOUNTAIN DEVELOPMENT CORP.**



Principal Place of Business <b>2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133</b>	Mailing Address <b>2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/18/1979</b>	
21	26	4. FEI Number <b>59-1929319</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROTHSTEIN, LAWRENCE 2701 SOUTH BAYSHORE DRIVE, PENTHOUSE MIAMI FL 33133</b>				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 607.0502 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	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIENER, MAURICE		1.2 NAME		
STREET ADDRESS	2701 S. BAYSHORE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROTHSTEIN, LAWRENCE		2.2 NAME		
STREET ADDRESS	2701 S BAYSHORE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, LEE		3.2 NAME		
STREET ADDRESS	2701 S BAYSHORE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		3.4 CITY-ST-ZIP		
TITLE	VSC	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMAROTTI, CARLOS		4.2 NAME		
STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		4.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRANK, KEITH W.		5.2 NAME		
STREET ADDRESS	2701 S BAYSHORE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE 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)(j), 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 \_\_\_\_\_ CARLOS CAMAROTTI 3/26/98 (305) 351-6803

CR2E034 (10/97)