

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
**May 01, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 625673 (9)**

1. Corporation Name  
**BEECH MOUNTAIN PROPERTIES, INC.**



Principal Place of Business: **2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133**  
Mailing Address: **2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **06/13/1979**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1916344**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**ROTHSTEIN, LAWRENCE  
2701 S. BAYSHORE DR., PENTHOUSE  
MIAMI FL 33133**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WIENER, MAURICE	
STREET ADDRESS	2701 S BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ROTHSTEIN, LAWRENCE	
STREET ADDRESS	2701 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GRAY, LEE	
STREET ADDRESS	2701 S BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VSC	<input type="checkbox"/> DELETE
NAME	CAMAROTTI, CARLOS	
STREET ADDRESS	2701 S. BAYSHORE DR.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CRANK, KEITH W.	
STREET ADDRESS	2701 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 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: *L. Rothstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/96 305 854-6803  
Date Daytime Phone #

CR2E034 (12/95)