

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000000786 (2)**

1. Corporation Name
THE BEAT CORPORATION OF AMERICA



Principal Place of Business: **1917 S.W. 11TH COURT FT. LAUDERDALE FL 33312**
Mailing Address: **1917 S.W. 11TH COURT FT. LAUDERDALE FL 33312**

3. Date Incorporated or Qualified: **02/16/1995**
3a. Date of Last Report: _____
4. FLE Number: **650550801**
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 has liability for intangible tax under s. 199.032, Florida Statutes: 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
**WOLFE, LARRY
200 A JOHN KNOX ROAD
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent
B1 Name: **MICHAEL GLINSKY CPA**
B2 Street Address (P.O. Box Number is Not Acceptable): **2655 Le Jeune Rd #1111**
B3 _____
B4 City: **Coral Gables** FL B5 Zip Code: **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.1502, Florida Statutes.

SIGNATURE: _____ DATE: **2/20/96**

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	KENDRICK, DEREK	
STREET ADDRESS	1917 SW 11TH COURT	
CITY- ST- ZIP	FT LAUDERDALE FL 33312	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	COONEY, IAN	
STREET ADDRESS	7911 NW 62ND COURT	
CITY- ST- ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 resident or business professional to whom this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Derek Kendrick

March 1996
954 390-2898
Date Filed

CR2E034 (12/95)