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**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G82705

CITY - S1 - ZIP

(6)

MARVIN L. BEAMAN, JR., P.A.

Principal Place of Business Mailing Address 805 N. WYMORE ROAD 605 N. WYMORE ROAD WINTER PARK FL 32789-2893 WINTER PARK FL 32789-2628 3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1984 01/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2366454 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Żip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEAMAN, MARVIN L. JR. 605 N. WYMORE ROAD Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789-2893 63 64 City 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 Signature, typed or printed name of registered agent and title it approable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE TITLE 1.1 TITLE ☐ Change \_\_\_ Addition BEAMAN, MARVIN L. JR. NAME 1.2 NAME 605 N. WYMORE ROAD STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2 1 TITLE Change Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TOUR 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition THLE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TONE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 

SIGNATURE:

64 City-St-ZIP

14. I do 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 art attachment with an address.