

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L77508 (4)
1. Corporation Name
BEACON FINANCIAL GROUP, INC.



Principal Place of Business Mailing Address
408 EAST STRAWBRIDGE AVENUE 408 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901 MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/31/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0201439	
24 Country		30 Country		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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVY, WILLIAM M.
408 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DELE	1.1 TITLE	Change	Addition
NAME	LEVY, WILLIAM M.	1.2 NAME		
STREET ADDRESS	2401 VERMONT ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP		
TITLE	DELE	2.1 TITLE	Change	Addition
NAME	LEVY, C. ERNESTINE	2.2 NAME		
STREET ADDRESS	2401 VERMONT ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP		
TITLE	DELE	3.1 TITLE	Change	Addition
NAME	MILLER, LINDA L.	3.2 NAME		
STREET ADDRESS	324 TRINIDAD DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL	3.4 CITY-ST-ZIP		
TITLE	DELE	4.1 TITLE	Change	Addition
NAME	CLEW, ALISON L.	4.2 NAME		
STREET ADDRESS	11 BRIDAL PATH CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	FRAMINGHAM MA	4.4 CITY-ST-ZIP		
TITLE	DELE	5.1 TITLE	Change	Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELE	6.1 TITLE	Change	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)(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.

SIGNATURE

Linda L. Miller Linda L. Miller Secy 4/21/98 407-728-2828

CR2E034 (10/97)