

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:17

DOCUMENT # N47785 (3)

1. Corporation Name

BEACH BLADERS OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
916 S.E. 5TH AVE. 916 S.E. 5TH AVE.
DELRAY BCH. FL 33483 DELRAY BCH. FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/11/1992	3a. Date of Last Report 04/26/1994
4. FEI Number 65-0326604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
ELLIS, MATT
916 S.E. 5TH AVE.
DELRAY BCH. FL 33483

10. Name and Address of New Registered Agent
B1 Name **Elisa De Schuyver**
B2 Street Address (P.O. Box Number is Not Acceptable)
916 S. E. 5 Avenue
B3
B4 City **Delray Beach** FL B5 Zip Code **33483**

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 *Elisa De Schuyver* DATE **5/18/95**
(Signature, typed or printed name of registered agent and type if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAKER, TOM
STREET ADDRESS	7282 SKYLINE DR.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	D
NAME	SAGRAVES, MARY ANN
STREET ADDRESS	5951 WELLESLEY PK DR#705
CITY - ST - ZIP	BOCA RATON FL
TITLE	VP
NAME	MALLOCH, ARLENE
STREET ADDRESS	916 SE 5TH AVE
CITY - ST - ZIP	DELRAY BCH. FL
TITLE	P
NAME	COOK, GENE
STREET ADDRESS	17341 SPRINGTREE LANE
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	BERTOGLIO, SANDRA
STREET ADDRESS	10190 FOX LANDINGS DR.
CITY - ST - ZIP	BOCA RATON FL 33434
TITLE	T
NAME	DE SCHUYVER, ILISE
STREET ADDRESS	3115 KAREN DR
CITY - ST - ZIP	DELRAY BEACH FL

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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ilise De Schuyver* DATE **4/27/95** 407-243-5117
(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)