

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 22 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000050965 (1)**

1. Corporation Name
BEAK HAT, INC.

Principal Place of Business Mailing Address
2965 BEGONIA WAY 2965 BEGONIA WAY
COOPER CITY FL 33026 COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/20/1993 04/26/1994

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

4. FEI Number Applied For
65-0427235 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEY CORPORATE SERVICES INC.
200 S. BISCAYNE BLVD.
1ST UNION FINANCIAL CENTER - 20TH FLOOR
MIAMI FL 33131-2310

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

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

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **F**
NAME: **BATTEN FOSTER I**
STREET ADDRESS: **2965 BEGONIA WAY**
CITY - ST - ZIP: **COOPER CITY FL**

TITLE: **VP**
NAME: **CADEM CHRISTINA D**
STREET ADDRESS: **2059 DISCOVERY CIRCLE E**
CITY - ST - ZIP: **POMPANO BEACH FL**

TITLE: **S**
NAME: **BATTEN MARY R**
STREET ADDRESS: **2965 BEGONIA WAY**
CITY - ST - ZIP: **COOPER CITY FL**

TITLE: **T**
NAME: **CADEM MICHAEL J**
STREET ADDRESS: **2059 DISCOVERY CIRCLE E**
CITY - ST - ZIP: **POMPANO BEACH FL**

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS: **4903 NW 66th AVENUE**
2.4 CITY - ST - ZIP: **LAUDERHILL, FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS: **4903 NW 66th AVENUE**
4.4 CITY - ST - ZIP: **LAUDERHILL, FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change 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 included 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, as changed, or in an attachment with an address.

SIGNATURE: *[Signature]* 3/16/95 305-746-5910
Typed or printed name of signing officer or director Date Telephone #