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95 APR 28 AM 10:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000000763 (0)

1. Corporation Name

BEACON CAPITAL GROUP, INC.

Principal Place of Business	Mailing Address
%RUDNICK & WOLFE 101 E KENNEDY BLVD. SUITE 2000 TAMPA FL 33602-5133	%RUDNICK & WOLFE 101 E KENNEDY BLVD. SUITE 2000 TAMPA FL 33602-5133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	1343 Main St
Suite, Apt #, etc 22	5th Floor
City & State 23	Sarasota
Zip 24	FL
Country 25	34236
2a. Mailing Address 26	1343 Main St
Suite, Apt. #, etc. 27	5th Floor
City & State 28	Sarasota
Zip 29	FL
Country 30	34236

3. Date Incorporated or Qualified: 01/05/1994
3a. Date of Last Report:
4. FEI Number: 59-3232428 ☐ 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

9. Name and Address of Current Registered Agent

BEYER, DAVID A
%RUDNICK & WOLFE
101 E KENNEDY BLVD, SUITE 2000
TAMPA FL 33602-5133

10. Name and Address of New Registered Agent

81 Name: Al Fichera
82 Street Address (P.O. Box Number is Not Acceptable): 7005 Saddle Creek Circle
83
84 City: Sarasota FL 85 Zip Code: 34241

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] Alfred Fichera 4/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D & President
NAME	FICHERA, ALFRED J JR
STREET ADDRESS	7005 SADDLE CREEK CIRCLE
CITY ST ZIP	SARASOTA FL 34241
TITLE	D
NAME	David C. Dierck
STREET ADDRESS	4102 Hearthstone Dr.
CITY ST ZIP	Sarasota FL 34238
TITLE	D
NAME	Gordon J Morey
STREET ADDRESS	1859 Buccaneer Pl
CITY ST ZIP	Sarasota FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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		
2 4 CITY ST ZIP		
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		
4 4 CITY ST ZIP		
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 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: [signature] Al Fichera 4/23/95 813-955-0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0280228 CP