PROFIT
CORPORATION
ANNUAL REPORT

1999

CITY-ST-ZIP

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90279 018 \*\*\*150.00

## DOCUMENT # P97000072021

| 1. Corporation ALBERT  | BEATTY SERVIC                                    | ES, INC.       |   |       |                          |                   |   |                       |                        |  |
|--|--|----------------|---|-------|--------------------------|-------------------|---|-----------------------|------------------------|--|
| Principal P ace of Business  |  |                | Mailing Address                                 |       |                          | ·—  '   <b>  </b> | lindi isa sarri radis qarsi daski dakk dakki da                     | 111 FB 010 (1E)1 8011 | 1881 1581 1881         |  |
| 1185 OLD DIXIE HWY<br>VERO BEACH FL 32960<br>US  |  |                | 1185 OLD DIXIE HWY<br>VERO BEACH FL 32960<br>US |       |                          |                   | DO NOT WRITE IN THIS SPACE  |                       |                        |  |
|  |  |                |   |       |                          | 08/18/1           |   |                       |                        |  |
| Principal Place of Business     The state of Business     The state of Business  |  |                | 2a. Mailing Address 26                          |       |                          | 1 **              |   |                       | lied For<br>Applicable |  |
| Suite, Apt. #, etc.  |  |                | Suite, Apt. #, etc.                             |       |                          | E Cortiforto      | of Status Desired   | \$8.75 A              |                        |  |
| 22   |  |                | 27  |       |                          | 5, Certificate    | Of Status Desired   | Fee-Re                | ruired                 |  |
| City & State   |  |                | City & State                                    |       |                          |                   | 6. Election Campaign Financing Solution \$5.00 May Be Added to Fees |                       |                        |  |
| Zip  | Cour try   |                | Zip Country                                     |       |                          | 8. This corp      | 8. This corporation owes the current year intangible                |                       |                        |  |
| 24   | 25   |                | 29 30   |       |                          | 1 ' '             | Property Tax.   | ∐ Yes ¹               | EQ.                    |  |
| .=-1   | 9. Name and Addr                                 | ess of Current | Registered Agent                                |       |                          | 10. Name an       | d Address of New Register   | d Agent               |                        |  |
| 2020<br>VER  | tty, albert<br>) 55th avenue<br>O Beach Fl 32966 |                |   |       | 83<br>84 City            | 40 10             | umber is Not Acceptable)  |                       | <b>60</b>              |  |
| 11. Pursuant to the provisions of Sc ctions 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 circotors. I hereby accept the appointment as registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE |  |                |   |       |                          |                   |   |                       |                        |  |
|  | Signature, typed or printed na                   |                |   |       | ered Agent signature rec |                   | DATE  |                       |                        |  |
| 12.  |  | OFFICERS AND   |   |       | 3.                       | ADDITION          | S/CHANGES TO OFFICERS   | ✓ND DIRECTOR  Change  | F:S IN 12 Addition     |  |
| TITLE  | D  |                | □ DE  |       | 1 TITLE                  |                   |   | ☐ Criange             |                        |  |
| NAME   | BEATTY, ALBERT                                   |                |   |       | 2 NAME                   |                   |   |                       |                        |  |
| STREET ADDRESS   | 2020 55TH AVENU                                  |                |   | 1:    | 3 STREET ADDRESS         |                   |   |                       |                        |  |
| CITY-ST-ZIP  | VERO BEACH FL                                    | 32966          |   |       | 4 CITY-ST-ZIP            |                   | <u> </u>  |                       | - Addition             |  |
| TITLE  |  |                | ☐ DE  |       | 1 TITLE                  |                   |   | Change                | ☐ Addition             |  |
| NAME   |  |                |   | 2.5   | 2 NAME                   |                   |   |                       |                        |  |
| STREET ADDRESS   |  |                |   | 2.5   | 3 STREET ADDRESS         |                   |   |                       |                        |  |
| CITY-ST-ZIP  |  |                |   |       | 4 CITY-ST-ZIP            |                   |   |                       | Addition               |  |
| TITLE  |  |                | □ DE  | 1     | 1 TITLE                  |                   |   | Change                | Addition [             |  |
| NAME   |  |                |   | 3.5   | 2 NAME                   |                   |   |                       |                        |  |
| STREET ADDRESS   |  |                |   | 3.3   | 3 STREET ADDRESS         |                   |   |                       |                        |  |
| CITY-ST-ZIP  |  |                |   |       | 4. CITY-ST-ZIP           |                   |   |                       | T Addition             |  |
| TITLE  |  |                | □ DE  | - I " | TITLE                    |                   |   | Change                | Addition               |  |
| NAME   |  |                |   |       | 2 NAME                   |                   |   |                       |                        |  |
| STREET ADDRESS   |  |                |   | 4.:   | 3 STREET ADDRESS         |                   |   |                       |                        |  |

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 indicate 3 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, with all other like empowered.

4.4 CITY-ST-ZIP

5 4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

SIGNATURE: OLIVE BEATTY Albert Beatty

1/2/99

561-778-0016

☐ Change

☐ Change

R2E034 (11/98)

☐ Addition

Addition