

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90011 019 \*\*\*\*75.00  
 03-17-1999 90011 020 \*\*\*\*75.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000018142**

1. Corporation Name  
**LEW BEACH COMPANY**

Principal Place of Business Mailing Address  
**152 ROSE VALLEY DRIVE P.O. BOX 10**  
**TOWNSEND DE 19734 TOWNSEND DE 19734**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/24/1998**

4. FEI Number **59-3501145** 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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt #, etc. Suite, Apt #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**PREVATT, KAREN J ESQ.**  
**201 N. FRANKLIN STREET**  
**SUITE 2505**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D**  
**MAGHAN, EDGAR JR.**

STREET ADDRESS **PO BOX 727**

CITY-ST-ZIP **ODESSA FL 33556**

TITLE  DELETE

NAME ~~**MALLOY, JOHN XXX**~~

STREET ADDRESS ~~**16924 SILVER SHORES ROAD XXXXX**~~

CITY-ST-ZIP ~~**ODESSA FL 33556**~~

TITLE  DELETE

NAME **D**  
**MALLOY, JOHN J.**

STREET ADDRESS **16924 SILVER SHORES LN.**

CITY-ST-ZIP **ODESSA, FL 33556**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

11 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 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, with all other like empowered.

SIGNATURE: *Edgar Maghan Jr.* **EDGAR MAGHAN, JR.** 2/26/99 813-920-5576  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)