

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-19-2000 90299 044 ***150.00

DOCUMENT # P99000018780

1. Entity Name

BEAST ROW, INC.

Principal Place of Business

3430 E LAKE ROAD
 PALM HARBOR FL 34685

Mailing Address

3430 E LAKE ROAD
 PALM HARBOR FL 34685-2414

00005457



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3564400

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEAR, ROBERT L
 2790 SUNSET POINT RD
 CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	HILL, VICKIE L	3430 E LAKE ROAD	PALM HARBOR FL 34685	<input checked="" type="checkbox"/>
ST	HILL, RICHARD D	3430 E LAKE ROAD	PALM HARBOR FL 34685	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	JOE NICOLETTI	167 Cypress Ct	Oldsmar Florida 34677	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	DENNIS PIECHOWICZ	1004 Hook Dr.	SPRING HILL, FL. 34608	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dennis Piechowicz
 DENNIS PIECHOWICZ

JOSEPH NICOLETTI 1747-788-5906
 Joseph Nicoletti

6-00 352-799-3051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)