

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

1996 APR 30 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **V71432 (1)**

1. Corporation Name  
**BEELINE INVESTMENTS, INC.**

Principal Place of Business  
**401 E. SEMORAN BLVD.  
CASSELBERRY FL 32707**

Mailing Address  
~~200 S. ORANGE AVE.  
SUITE 2000  
ORLANDO FL 32801  
US~~

3. Date Incorporated or Qualified **10/15/1992** 3a. Date of Last Report **04/04/1995**

2. Principal Place of Business  
21 **401 E. Semoran Blvd.**

4. FEI Number **59-3183513** Applied For Not Applicable

Suite, Apt. #, etc. 22

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State 23 **Casselberry, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip 24 **32707** Country 25 Country 29 **32707** 30

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

~~A.G.S. CO.  
200 S. ORANGE AVE.  
SUITE 2000  
ORLANDO FL 32801~~

81 Name  **CORPORATION SERVICE COMPANY**  
82 Street Address (P.O. Box Number is Not Acceptable) **1201 Hays Street**  
83  
84 City **Tallahassee** FL 85 Zip Code **32301**

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 607.0905, Florida Statutes. **Karen B. Rozar, as agent**

SIGNATURE  *Karen B. Rozar*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-30-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KELLEY, ROBERT</b>
STREET ADDRESS	<b>401 E SEMORAN BLVD</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VEIGLE, CHARLES</b>
STREET ADDRESS	<b>4625 E LAKE DR</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VEIGLE, JIM</b>
STREET ADDRESS	<b>2752 LAKE HOWELL LN</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>300001802513</b>
1.4 CITY-ST-ZIP	<b>-05/01/96--01010--008</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>***200.00 ***200.00</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  *Robert Kelley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/96**

Date

**407-260-7003**

Daytime Phone #

CR2E034 (12/95)

*752  
4/22/96*