

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Mar 22 1999 8:00 am
Secretary of State

DOCUMENT # V71432

1. Corporation Name
BEELINE INVESTMENTS, INC.

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

Mailing Address
**750 N. MAITLAND AVENUE
MAITLAND FL 32751
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 **200 North Thornton Ave**

22 City & State

27 **Orlando, Florida**

23 Zip Country

28 Zip Country

24 25

29 **32801** 30

9. Name and Address of Current Registered Agent

**SMITH, RANDALL C. ESQ
750 N. MAITLAND AVENUE
MAITLAND FL 32751**

81 Name **Randall C. Smith, Esq**
82 Street Address (P.O. Box Number is Not Acceptable)
200 North Thornton Avenue
83
84 City **Orlando** FL 85 Zip Code **32801**

3. Date Incorporated or Qualified

10/15/1992

4. FEI Number

59-3183513

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

10. Name and Address of New Registered Agent

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

(NOTE: Block 13 and 14 are optional.)

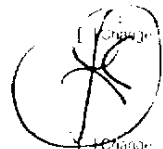
[Handwritten Signature]
2/26/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLEY, ROBERT	
STREET ADDRESS	401 E SEMORAN BLVD	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VEIGLE, CHARLES	
STREET ADDRESS	4625 E LAKE DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VEIGLE, JIM	
STREET ADDRESS	2752 LAKE HOWELL LN	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VOEGLIN, NANCY	
STREET ADDRESS	401 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	500002824355-3
13 STREET ADDRESS	-03/30/99-01093-023
14 CITY-ST-ZIP	***150.00 ***150.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(g), 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: *Nancy Voegtlin* **Nancy Voegtlin, Sec** 2/26/99 (407) 767-2977

CR2E034 (11/98)