

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

DOCUMENT # 569056

(5)

1. Corporation Name

BEAVER PROPERTIES, INC.



Principal Place of Business

Mailing Address

**7280 W PALMETTO PARK RD
STE 306N
BOCA RATON F 33433
US**

**7280 W PALMETTO PARK RD
STE 306N
BOCA RATON FL 33433
US**

3. Date Incorporated or Qualified

04/13/1978

3a. Date of Last Report

06/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1819570

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. 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

SABGA, GEORGE

3801 N UNIVERSITY DR 315

SUNRISE, FL 33065

**7280 W. Palmetto Park Road, Suite 306N
Boca Raton, FL 33433**

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

Signature type 1 or previous name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST** ☒ DELETE
NAME **SABGA, EMILE**
STREET ADDRESS **3801 N UNIVERSITY DR 315**
CITY-STATE-ZIP **SUNRISE, FL 00000**

1.1 TITLE **PST** ☒ Change ☐ Addition
1.2 NAME **Peter Sabga**
1.3 STREET ADDRESS **7280 W. Palmetto Park Road, Ste. 306N**
1.4 CITY-STATE-ZIP **Boca Raton, FL 33433**

TITLE **V** ☐ DELETE
NAME **SABGA, JOSEPH**
STREET ADDRESS **3801 N UNIVERSITY DR 315**
CITY-STATE-ZIP **SUNRISE, FL 00000**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS **7280 W. Palmetto Park Road, Suite 306N**
2.4 CITY-STATE-ZIP **Boca Raton, FL 33433**

TITLE **D** ☒ DELETE
NAME **SABGA, GEORGE**
STREET ADDRESS **3801 N UNIVERSITY DR**
CITY-STATE-ZIP **SUNRISE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Peter Sabga

03/01/96

(407) 392-2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)