

**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 # **647150** (2)

1. Corporation Name  
**BEAMONT INTERNATIONAL LTD., COMPANY.**



Principal Place of Business: **11367 BOCA WOODS LANE BOCA RATON FL 33428**  
Mailing Address: **11367 BOCA WOODS LANE BOCA RATON FL 33428**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>2546 COUNTRY GOLF DR</b>	26	<b>SAME</b>	<b>12/05/1979</b>	<b>04/28/1995</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				<b>59-2040496</b>	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23	<b>WELLINGTON FL</b>	28		<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>33414</b>	Country	<b>FL</b>	<b>FL</b>		
25	<b>PAHM BEACH</b>	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SOBEL, MONROE 11367 BOCA WOODS LANE BOCA RATON FL 33433</b>				81	Name <b>SAME</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>2546 COUNTRY GOLF DRIVE</b>		
				83	<b>WELLINGTON.</b>		
				84	City	85	Zip Code
						<b>FL</b>	<b>33414</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOBEL, BEATRICE 2546 COUNTRY</b>	1.2 NAME	
STREET ADDRESS	<b>11367 BOCA WOODS LANE GOLF DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL WELLINGTON FL 33414</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOBEL, MONROE 2546 COUNTRY GOLF</b>	2.2 NAME	
STREET ADDRESS	<b>11367 BOCA WOODS LANE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL WELLINGTON FL 33414</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Monroe Sobel** *Monroe Sobel T* **April 25, 1996**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)