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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 267087

(5)

THE BEACHCOMBERS INTERNATIONAL, INC.

Principal Place of Business N TAMIAMI TRAIL P O BOX 250 FT MYERS FL 33902		Mailing Address N TAMIAMI TRAIL P O BOX 250 FT MYERS FL 33902-0250								
						3. Date Incorporated or Qualified 02/13/1963		ite of Last Ri 2 3/1996	eport	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For			plied For		
21	JI as-	26						t Applicable		
Suite, Apt.	#, BIC.	Suite, Apt. #, etc.	Solite, Apr. 4, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	θ	City & State				Election Campaign Financing \$5.00 May Be			·	
23		28				Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Zip Country			8. This corporation has liability for	intangible	tax under s	. 199.032,	
24	25	29	30			Florida Statutes	Yes [No		
A: -=	9. Name and Address of Curr	ent Registered Agent	81		ıme	10. Name and Address of New Re	gistered	Agent	-	
	RNIN, HARRY A.		61	IVE	me					
	FPLUMOSA DR. T Myers FL 33902		82	Str	eet Addre	ss (P.O. Box Number is Not Acceptab	ole)			
FUR	I MIENO PL 33802		83				 			
				<u> </u>			·			
			84	Cit	ly		FL	85 Zip (Code	
office or r agent. I a SIGNATURE	to the provisions of Sections 607 as egistered agont, or both, in the Starm familiar with, and accept the oblination of tegistered as Signature, typed or printed name of registered as		s authorized b Florida Statute			ration submits this statement for the poin's board of directors. I hereby acceptions thereby acceptions are the properties of the properti	ot the app	ointment as	registered	
12.		ND DIRLCTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12	
TITLE	VTD DELETE		1.1 TITLE	1.1 TITLE				☐ Change	Addition	
NAME	CHERNIN, IRWIN		1.2 NAME							
STREET ADDRESS	900 STRANGLER FIG LANE		1.3 STK£E	1.3 STREET ADDRESS						
CITY-ST-ZIP	SANIBEL ISLAND FL	DELETE		1.4 C(1Y - S1 - ZIP				Change	Addition	
TITLE NAME	MORREALE, LESLIE CHERNII			2.1 THLE 2.2 NAME				Change	L Addition	
STREET ADDRESS	1264 CALOOSA DRIVE	•	2.3 STREE	I ADDR	ECC					
CHTY-ST-ZIP	FT MYERS FL		2. 4 CITY - ST - ZIP							
TITLE	SD DELETE		3.1 TITLE	<u> </u>				Change	Addition	
NAME	ROMSTADT, NANCY CHERNI	N	3.2 NAME							
STREET ADDRESS	4187 ERINDALE DRIVE		3.3 STREE	1 addr	ESS					
CITY-ST-ZIP	NORTH FORT MYERS FL	——————————————————————————————————————	3.4. CITY -	\$1-ZIF	·			П.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE	PD CHECKIN HADDY	DELETE	4,1 111LE					Change	Addition	
NAME OTOTET ADDOCCO	CHERNIN, HARRY 1206 PLUMOSA DRIVE		4. 2 NAME		1500					
STREET ADDRESS CITY-ST-ZIP	FT MYERS FL		4.3 STREE 4.4 CITY-							
TITLE	D	DELETE	5.1 TITLE	OT-EIF		,		Change	Addition	
NAME	VEREB, ELIZABETH C.		5.2 NAME					Ţ.		
STREET ADDRESS	19540 GOTTARDE ROAD			5.3 STREET ADDRESS						
CITY-\$T-ZIP	NORTH FORT MYERS FL		5.4 C/TY-	ST - ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADDE	ESS					

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.