

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000006124 (7)**
1. Corporation Name

BEANCOUNTERS ENTERPRISES, INCORPORATED



Principal Place of Business 702 N.W. SUNSET DRIVE STUART FL 34994	Mailing Address 702 N.W. SUNSET DRIVE STUART FL 34994
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 702 N.W. Sunset Drive Suite, Apt. #, etc. 22 City & State 23 Stuart, FL Zip 24 34994	2a. Mailing Address 26 702 N.W. Sunset Drive Suite, Apt. #, etc. 27 City & State 28 Stuart, FL Zip 29 34994 Country 30 USA
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3. Date Incorporated or Qualified 01/17/1996	3a. Date of Last Report N/A
4. FFL Number 65-0635303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JONES, MATTHEW L
215 S FEDERAL HIGHWAY
SUITE 200
STUART FL 34995**

81 Name JONES, Matthew L.
82 Street Address (P.O. Box Number is Not Acceptable) 759 S. Federal Highway
83 Suite 212
84 City STUART, FL
85 Zip Code FL 34994

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: Registered Agent signature required when retreating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D, P.
STREET ADDRESS	SMITH, JAMES A IV
CITY-ST-ZIP	702 N.W. SUNSET DRIVE
TITLE	<input type="checkbox"/> DELETE
NAME	S, T.
STREET ADDRESS	SMITH, W. Marie
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D, P.
1.3 STREET ADDRESS	SMITH, JAMES A. IV
1.4 CITY-ST-ZIP	702 N.W. SUNSET DRIVE
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S, T.
2.3 STREET ADDRESS	SMITH, W. Marie
2.4 CITY-ST-ZIP	702 N.W. SUNSET DRIVE
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	STUART, FL 34994
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 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 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.

CR2E034 (4/97)