

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY - 1 PM 2: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 299054 (7)
1. Corporation Name
BEYMER ENTERPRISES INC

Principal Place of Business Mailing Address

1020 BELVEDERE RD
PO BOX 20453
WEST PALM BEACH FL 33416-7453

1020 BELVEDERE RD
PO BOX 20453
WEST PALM BEACH FL 33416-7453

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 11/24/1965 3a. Date of Last Report: 03/16/1994

4. FEI Number: 59-1108499 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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21 1719 W. Terrace Dr. 26 P.O. Box 20453

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 Lake Worth, FL 28 West Palm Beach, FL

Zip Country Zip Country

24 33460 25 29 33416-0453 30

9. Name and Address of Current Registered Agent

BEYMER, BILLYE
1020 BELVEDERE RD
WEST PALM BEACH FL 33405

81 Name: Beymer, Billye
82 Street Address (P.O. Box Number is Not Acceptable): 1719 W. Terrace Dr.
83
84 City: Lake Worth FL 85 Zip Code: 33460

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BEYMER, BILLYE
STREET ADDRESS	1020 BELVEDERE RD
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	PSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	Beymer, Billye	
1 3 STREET ADDRESS	1719 W. Terrace Dr.	
1 4 CITY - ST - ZIP	Lake Worth, FL 33460	
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
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 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 reflected 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: Billye Beymer Billye Beymer Date: 4/24/95

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #