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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 348176

BEACHWOOD CONTRACTORS INC

## FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90015 020 \*\*\*150.00



Mailing Address Principal Place of Business 7080 N.W. 10TH CT. 7080 N.W. 10TH CT. **PLANTATION FL 33313** PLANTATION FL 33313 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/18/1969 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 59-1274502 26 \$8.75 Additional Suite, Apt. #, etc.  $\Box_{i_l}$ 5. Certifcate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Country Zip 8. This corporation owes the current year Intangible Country □No Personal Property Tax. 30 29 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 SANDERSON, HAROLD D. Street Address (P.O. Box Number is Not Acceptable) 82 7080 N.W. 10TH CT. **PLANTATION FL 33313** 83 Zip Code 84 85 City 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. office or registered agent, or both, ig the State of Florida. Such agent. I am familiar with, and accept the obligations of Section SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change 1 Preg □ DELETE 1.1 TITLE TITI F SANDERSÓN, HAROLD 1.2 NAME NAME 7080 N W 10 CT 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33313 14 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

4. Thereby 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 frue 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 of the receiver or trustee en powered 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, with all other like empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17 (A) 424-9885 Date Phone # CR2E034 (11/98)