

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:47

DOCUMENT # 408394

(5)

1. Corporation Name

BEACH ISLAND, INC.

Principal Place of Business

**12000 GULF BLVD.
TREASURE ISLAND FL 33706**

Mailing Address

**12000 GULF BLVD.
TREASURE ISLAND FL 33706**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1972

3a. Date of Last Report

02/07/1994

4. FEI Number

13-2656870

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

21

Suite Apt. # etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite Apt. # etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SAGLIO, LAWRENCE
2280 KENT PLACE
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 of officer or director of corporation and Secretary of State

Signature of Registered Agent (Required when changing)

1/10/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
FLEISHAKER, DONALD
83 VERNON DR
SCARSDALE NY**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VD
GOODE, CHARLOTTE
58-19 211TH ST.
BAYSIDE NY**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**SD
SAGLIO, LAWRENCE
2280 KENT PLACE
CLEARWATER FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**TD
FLEISHAKER, MARVIN
132 WILMOT CIRCLE
SCARSDALE NY**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 incorporator or transferor authorized to prepare this report as required by Chapter 127, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE SAGLIO

1/10/95 8133607051