

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 459667 (2)

1. Corporation Name

THOMAS E. BEASLEY, & ASSOCIATES, INC.

Principal Place of Business

1682 N FEDERAL HWY  
BOCA RATON FL 33432  
US

Mailing Address

1682 N FEDERAL HWY  
BOCA RATON FL 33432  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1974		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1545843		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BEASLEY, THOMAS E.  
1682 N FED HWY  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name Beasley, Marilyn K.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1682 North Federal Highway  
83  
84 City Boca Raton FL 85 Zip Code 33432

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

*Marilyn K. Beasley / PD*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BEASLEY, THOMAS E.	1.2 NAME	Beasley, Marilyn K.
STREET ADDRESS	1110 SW 4TH ST.	1.3 STREET ADDRESS	1110 SW 4th Street
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	D	2.1 TITLE	VPD
NAME	BERGAMINI, M. L.	2.2 NAME	Beck, Joseph D. II
STREET ADDRESS	1500 N.W. 5TH ST.	2.3 STREET ADDRESS	300 N. E. 8th Street
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	SD	3.1 TITLE	S/TD
NAME	BEASLEY, MARILYN K.	3.2 NAME	Bloom, Luanne L.
STREET ADDRESS	1110 SW 4TH ST.	3.3 STREET ADDRESS	1259 S. W. 9th Street
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE:

*Marilyn K. Beasley / PD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 407-450-5551  
Date Daytime Phone #

CR2E034 (12/95)