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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 14 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 473630

(2)

HOWARD C. BEACH, INC.

Principal Place of Business Mailing Address						I HODDIN BIBER FORMU HIND BIREN HIREN AN	IST DADAT DADA DIT	JII Bar ah Barin	
6400 MIDNIGHT SARASOTA FL			HT PASS RD. EL 34242-3411						
SANASOIA FL	onene.	SANASUIAI	L 34242*3411						
						 Date Incorporated or Qualified 04/04/1975 		e of Last F 4/1996	Report
2. Principal F	Place of Business	2a. Mailing	Address			4. FEI Number	01/2	· · · · · · · · · · · · · · · · · · ·	pplied For
21		26				59-1580581		<u> </u>	ot Applicable
Suite, Apt	#, etc		pt. #. etc.						Additional
22		27				5. Certificate of Status Desired			equired
City & Stat	e	City & S	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	}¬ '	Zip Country		У	This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Curr	29		30			Florida Statutes Yes No 10. Name and Address of New Registered Agent		
		eni Registered Ag	ent	81	Name	10. Name and Address of New I	legistered A	gent	
	CH, HOWARD C			0,	Islante				
	B MAIN ST ASOTA FL 34236				Street /	Address (P.O. Box Number is Not Accept	dress (P.O. Box Number is Not Acceptable)		
0,44	AGOTA TE OTEGO			B3	1				
				84	City	The state of the s		85 Zip	Code
44 0	16 10 10 10 10 10 10 10 10 10 10 10 10 10	100 - 1007 •500	Figure 60.		<u> </u>	corporation submits this statement for the	<u>FL</u>		
office or r	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida, Such .	change was ai	uthorized k	v the cord	corporation submits this statement for the coration's board of directors. I hereby acc	ept the appo	intment as	is registered registered
SIGNATURE	•								. 4
	Signature, Typest or protect name of registered a		(NOTE	Registered Ag	er I signature	required when re-instating)	DATE		
12.		ND DIRECTORS	DC1 526	13.		ADDITIONS/CHANGES TO OFF		*****	
Title	VP BEACH, WARD C.	L	DELETE	1 1 TITLE] Change	☐ Addition
NAME OFFICE ADDRESS	2800 CHEROKEE TERRACE			1 2 NAME					
STREET ADDRESS	SARASOTA FL				T ADDRESS				
CHY+ST-7IP TITLE	PD		DELETE	1 4 CITY - 2 1 THILE	SI - ZIP			Change	Addition
NAME	BEACH, HOWARD C	L	occure	2 2 NAME			•	Unange	Moniton
STREET ADDRESS	2800 CHEROKEE TERRACE				T ADDRESS				
CITY-ST-Z-P	SARASOTA FL			2. 4 CiTY					
T:TLE	\$		DELETE	3.1 TITLE	<u> </u>		,	Change	Addition
NAME	BEACH, HOWARD C			3.2 NAME				-	
STREET ADDRESS	2800 CHEROKEE TERRACE			3.3 STREE	T ADDRESS				
CITY-ST-ZIP	SARASOTA FL			3.4. CITY	ST-ZIP				
TITLE			DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	1 ADDRESS				
CITY-ST-ZIF		····	_	4.4 CITY -	ST-ZIP		***************************************		
TITLE		Į.	DELETE	5.1 TITLE				Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS				53 STREE	1 ADDRESS				
City-St-ZiP		·····	7 05:575	5.4 CITY	ST-ZIP				
TITLE		L	DELETE	6.1 TITLE			[Change	Addition
NAME				6 2 NAME					
STREET ADDRESS					T ADDRESS				
CHTY-ST-ZIP				6.4 CITY~	ST-ZIP				1

14. I do hereby certify that the information supplied with this filling 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 trusted 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.