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 # 473630

1. Corporation Name HOWARD C. BEACH, INC.

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90037 021 ***150.00



Principal Plac	Mailing Address	vddress ,						
6400 MIDNIGHT PASS RD. 6400 MIDNIGHT PASS).		* * *		. 1	
SARASOTA FL 34242 SARASOTA FL			FL 34242					
					DO NOT WRITE IN THIS	SPACE		_
					3. Date Incorporated or Qualifed			
····	1997				04/04/1975	1 1		4
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		pplied For] 9
21		26			59-1580581		ot Applicable	1 %
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional	1
22		27	The state of the s				equired	4
City & State			City & State		6. Election Campaign Financing \$5.00 May Be			
23	28				Trust Fund Contribution		to Fees	4
Žip	Country	Zip		intry	8. This corporation owes the current year Inte	_=		İ
24	25	1,7,7	30		Personal Property Tax.	□Yes	□No	4
<u> </u>	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered	Agent		4
DEA	CIL HOWARD O			81 Name	•			
# 3 7 : 1 + P 8	CH, HOWARD C	•		82 Street Ad	dress (P.O. Box Number is Not Acceptable)			┨
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SAR	ASOTA FL 34236			83		例如語		
				04 000		44 1 47 (188)	ASSESSMENT OF THE PARTY OF THE	4
				84 City	· FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	bove-named co	poration submits this statement for the purpose of	changing its	registered	1
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was au	thorized	d by the comora	tion's board of directors. I hereby accept the appoir	ntment as re	egistered	
	m tamiliar with, and accept the obligatio	its of, Section 607.0505, Flor	iua Stati	ules.				
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if englicable (NOTE:	Registered	LAgent signature requi	red when reinstating)			۱,
12.	OFFICERS AND		13.	, igo a.g	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12	1 8
TITLE	VP	☐ DELETE	1.1 TI	TLE	39 15/5/81	☐ Change	Addition	13
NAME	BEACH, WARD C.		1.2 N		and the field of the second	_ •		17
	2800 CHEROKEE TERRACE			TREET ADDRESS				8
STREET ADORESS								ļ
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NAME	SAMESTON		6.2 NA					
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14. I hereby 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 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, with all other like empowered.