


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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **624829** (8)
1. Corporation Name
BEECH MOUNTAIN DEVELOPMENT CORP.

Principal Place of Business 2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133	Mailing Address 2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1979	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1929319		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 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent ROTHSTEIN, LAWRENCE 2701 SOUTH BAYSHORE DRIVE, PENTHOUSE MIAMI FL 33133				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	FL

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIENER, MAURICE			1.2 NAME			
STREET ADDRESS	2701 S. BAYSHORE DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL			1.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROTHSTEIN, LAWRENCE			2.2 NAME			
STREET ADDRESS	2701 S BAYSHORE DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL			2.4 CITY-ST-ZIP			
TITLE	DVP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAY, LEE			3.2 NAME			
STREET ADDRESS	2701 S BAYSHORE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL			3.4 CITY-ST-ZIP			
TITLE	VSC	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMAROTTI, CARLOS			4.2 NAME			
STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRANK, KEITH W.			5.2 NAME			
STREET ADDRESS	2701 S BAYSHORE DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE _____
CARLOS CAMAROTTI 3/25/98 (305) 854-6803

CR2E034 (10/97)