

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 669493 (9)**

1. Corporation Name  
**BEEBE MARINE CORP.**

Principal Place of Business: **2880 S.W. 58TH AVENUE MIAMI FL 33155**

Mailing Address: **2880 S.W. 58TH AVENUE MIAMI FL 33155-4037**

3. Date Incorporated or Qualified: **05/08/1980**

3a. Date of Last Report: **06/25/1996**

2. Principal Place of Business: **Grand Cayman, BWT**

2a. Mailing Address: **Lime Tree Bay Apt -19**

22. Suite, Apt. #, etc.: **Apt -19 - P.O. Box 31079**

23. City & State: **SMB - Grand Cayman**

24. Zip: **B.W.I.**

4. FEI Number: **59-2017009**

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

9. Name and Address of Current Registered Agent

**BEEBE, PETER**  
**2880 S.W. 58TH AVENUE**  
**MIAMI FL 33155**

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 re-attesting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | DP                  | <input type="checkbox"/> DELETE |
| NAME            | BEEBE, MICHAEL      |                                 |
| STREET ADDRESS  | LIME TREE BAY #64   |                                 |
| CITY - ST - ZIP | GRAND CAYMAN, BWT   |                                 |
| TITLE           | DV                  | <input type="checkbox"/> DELETE |
| NAME            | BEEBE, PETER D      |                                 |
| STREET ADDRESS  | 2880 S.W. 58 AVENUE |                                 |
| CITY - ST - ZIP | MIAMI FL 33155      |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                |  |
|---------------------|--------------------------------|--|
| 1.1 TITLE           |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | BEEBE, MICHAEL                 |  |
| 1.3 STREET ADDRESS  | LIME TREE BAY APT 19 - SMB     |  |
| 1.4 CITY - ST - ZIP | PO BOX 31079 GRAND CAYMAN, BWT |  |
| 2.1 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            | NO CHANGE                      |  |
| 2.3 STREET ADDRESS  |                                |  |
| 2.4 CITY - ST - ZIP |                                |  |
| 3.1 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                |  |
| 3.3 STREET ADDRESS  |                                |  |
| 3.4 CITY - ST - ZIP |                                |  |
| 4.1 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                |  |
| 4.3 STREET ADDRESS  |                                |  |
| 4.4 CITY - ST - ZIP |                                |  |
| 5.1 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                |  |
| 5.3 STREET ADDRESS  |                                |  |
| 5.4 CITY - ST - ZIP |                                |  |
| 6.1 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                |  |
| 6.3 STREET ADDRESS  |                                |  |
| 6.4 CITY - ST - ZIP |                                |  |

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14. I do 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: *[Signature]*

Date: **4-15-97** Daytime Phone #: **1-809-949-1816**

CR2E034 (9/96)