NONPROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## OUNT # 711001

1. Corporation	MENT# / ITOU! n Name 1 BEACH ISLAND FUND, II							٠.		
Principal Place of Business Malling Address					7					
2190 S.E. 17TH STREET 2190 S.E. 17TH STREET					J 14814 (0)		ERALIKAN MALI EM	IX BURN GIRN AND	]	
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2. Principal Place of Business 22. Mailing Address				<del> </del>	3. Data Incom	orated or Qualif	ed			7
2. Principal Place of Business		<b>⊢</b> •			11/15/1966					
21 Suite Art	26				4./ FEI Number Applied For				plied For	]
22	27					526	<u></u>	. No	t Applicable	]
City & State City & State					5. Certificate of Status Desired 38.75 Additional				-	
23					5. Certificate of Status Desired Fee Required					4
	Zip Zip Zip			у						
24	25	29	30		Trust Fund Contribution Added to Fees  10. Name and Address of New Registered Agent					4
	9. Name and Address of Curre	ent Registered Agent		41	10. Name and	Address of Ne	w Registered	Agent		┨
			В	1 Name					·	1
RUPP, WILLIAM R.			8:	82 Street Address (P.O. Box Number is Not Acceptable)						
2190 S.E. 17TH STREET #211			<u> </u>		<del></del>		<del></del> -			┨
FORT LAUDERDALE FL 33316			18:	*		•				1
			8	4 City			FL	85 Zip (	ebo	-
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11. Pursuant office or n	to the provisions of Sections 617.05 egistered agent, or both, in the State on familiar with, and accept the oblig	02 and 617.1508, Florida Statutes e of Florida. Such change was aut	thorized b	y the corporat	ion's board of direct	ors. I hereby ac	cept the appoi	ntment as reg	istered	
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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 mede 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 617, 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.

64 CITY-ST-ZIP

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90015 017 \*\*\*\*61.25