


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90106 032 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741578**

1. Corporation Name  
**BEACHTREE I CLUSTER, INCORPORATED**

Principal Place of Business 2400 S. OCEAN DRIVE FT. PIERCE FL 34949	Mailing Address 2400 S. OCEAN DRIVE FT. PIERCE FL 34949
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>02/09/1978</b>	4. FEI Number <b>59-1874033</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>MAHER, GEORGE H. 2400 S. OCEAN DRIVE FT. PIERCE FL 34949</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ATD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLER, DAVID</b>	1.2 NAME	<b>ASD MANN, RICHARD</b>
STREET ADDRESS	<b>2400 S. OCEAN DR.</b>	1.3 STREET ADDRESS	<b>2400 S. OCEAN DR.</b>
CITY-ST-ZIP	<b>FT. PIERCE FL 34949</b>	1.4 CITY-ST-ZIP	<b>FT. PIERCE, FL</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMAINO, FRANK</b>	2.2 NAME	
STREET ADDRESS	<b>2400 S. OCEAN DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONWAY, JACK</b>	3.2 NAME	
STREET ADDRESS	<b>2400 S. OCEAN DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYBURY, THOMAS</b>	4.2 NAME	
STREET ADDRESS	<b>2400 S. OCEAN DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAVANAGH, THOMAS</b>	5.2 NAME	
STREET ADDRESS	<b>2400 S. OCEAN DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL 34949</b>	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMIS, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>2400 S. OCEAN DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	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 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.

SIGNATURE: \_\_\_\_\_ **REQUIRED** **4/19/99** **561-489-0300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/1/98)