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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:14

DOCUMENT # **750630** (6)

1. Corporation Name
BEACON POINT, INC.

Principal Place of Business Mailing Address
**4590 SO ATLANTIC AVE BOX 80
PONCE INLET FL 32127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/16/1980** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-2018545** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 30.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KENNEDY, MICHAEL
687 BEVILL RD
DAYTONA FL**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GARRETT, JERRY
STREET ADDRESS	4590 S ATLANTIC AVE #265
CITY - ST - ZIP	PONCE INLET, FL 00000
TITLE	D
NAME	POPE, RAY
STREET ADDRESS	4590 S ATLANTIC AVE #139
CITY - ST - ZIP	PONCE INLET, FL 00000
TITLE	S
NAME	O'HARA, DOROTHY
STREET ADDRESS	4590 SO ATLANTIC #257
CITY - ST - ZIP	PONCE INLET FL
TITLE	D
NAME	CARPINO, JOE
STREET ADDRESS	4590 S ATLANTIC AVE #150
CITY - ST - ZIP	PONCE INLET FL
TITLE	PD
NAME	JOHN GORMAN
STREET ADDRESS	4590 S. ATLANTIC AVE. #137
CITY - ST - ZIP	PONCE INLET FL
TITLE	D
NAME	BLANKENBURG, AL
STREET ADDRESS	4590 S ATLANTIC AVE #255
CITY - ST - ZIP	PONCE INLET FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	KISER, JOSEPH
1.4 CITY - ST - ZIP	4590 S. ATLANTIC AVE. # 158 PONCE INLET, FLA. 32127
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	CARPINO, JOSEPH
4.4 CITY - ST - ZIP	4590 S. ATLANTIC AVE. # 159 PONCE INLET, FL. 32127
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	WILBY, MERLIN
6.4 CITY - ST - ZIP	4590 S. ATLANTIC AVE. # 152 PONCE INLET, FL 32127

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Gorman **John GORMAN** 2/1/95 904-788-4439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR