

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 750630 (6)
1. Corporation Name

BEACON POINT, INC.



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

3. Date Incorporated or Qualified: 01/16/1980
3a. Date of Last Report: 02/15/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-2018545
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
Zip: 29
Country: 30

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
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	D KISER, JOSEPH	1.1 TITLE	V DON OWEN
NAME	4590 S ATLANTIC AVE #158	1.2 NAME	4590 S. ATLANTIC AVE #251
STREET ADDRESS	PONCE INLET, FL 00000	1.3 STREET ADDRESS	PONCE INLET, FL 32127
CITY-ST-ZIP		1.4 CITY-ST-ZIP	P. D.
TITLE	D POPE, RAY	2.1 TITLE	
NAME	4590 S ATLANTIC AVE #139	2.2 NAME	
STREET ADDRESS	PONCE INLET, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S O'HARA, DOROTHY	3.1 TITLE	D ROY TRUSWELL #162
NAME	4590 SO ATLANTIC #257	3.2 NAME	4590 S. ATLANTIC AVE
STREET ADDRESS	PONCE INLET FL	3.3 STREET ADDRESS	PONCE INLET, FL 32127
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD CARPINO, JOSEPH	4.1 TITLE	D ROBERT BURRELL
NAME	4590 S ATLANTICA VE #159	4.2 NAME	8900 S.W. 112 ST.
STREET ADDRESS	PONCE INLET FL	4.3 STREET ADDRESS	MIAMI, FL 33176
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD JOHN GORMAN	5.1 TITLE	D WILLIAM PAISH
NAME	4590 S. ATLANTIC AVE. #137	5.2 NAME	136 Mills Road
STREET ADDRESS	PONCE INLET FL	5.3 STREET ADDRESS	DELAND, FL 32723
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D WILABY, MERLIN	6.1 TITLE	S KATHERINE TRUSWELL
NAME	4590 S ATLANTIC AVE #152	6.2 NAME	4590 S. ATLANTIC AVE #162
STREET ADDRESS	PONCE INLET FL	6.3 STREET ADDRESS	PONCE INLET, FL 32127
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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.

SIGNATURE: Ray Pope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PRESIDENT

Date: 3-4-96
Daytime Phone #: 904-788-1378

CR2E037 (12/95)