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FILED
Mar 13 1997 8:00am
Secretary of State

NON-PROFIT CORPORATION
ANNUAL REPORT
1997



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 32127-7043



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/16/1980

3a. Date of Last Report

03/13/1996

4. FEI Number

59-2018545

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

10. Name and Address of New Registered Agent

KENNEDY, MICHAEL
687 BEVILL RD
DAYTONA FL

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 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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

(Print or type the printed name of the person filing and the applicable)

(NEED Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: V
NAME: OWEN, DON
STREET ADDRESS: 4590 S ATLANTIC AVENUE #251
CITY-STATE-ZIP: PONCE INLET, FL 00000
TITLE: PD
NAME: POPE, RAY
STREET ADDRESS: 4590 S ATLANTIC AVE #139
CITY-STATE-ZIP: PONCE INLET, FL 00000
TITLE: D
NAME: TRUSWELL, ROY
STREET ADDRESS: 4590 S ATLANTIC AVENUE
CITY-STATE-ZIP: PONCE INLET FL
TITLE: D
NAME: BURRELL, ROBERT
STREET ADDRESS: 8900 SW 112 STREET
CITY-STATE-ZIP: MIAMI FL
TITLE: D
NAME: PAISH, WILLIAM
STREET ADDRESS: 136 MILLS ROAD
CITY-STATE-ZIP: DELAND FL
TITLE: S
NAME: TRUSWELL, KATHERINE
STREET ADDRESS: 4590 S ATLANTIC AVENUE #162
CITY-STATE-ZIP: PONCE INLET FL

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: V
1.2 NAME: Mealy, Glen
1.3 STREET ADDRESS: 4590 S. Atlantic Ave #157
1.4 CITY-STATE-ZIP: Ponce Inlet, FL 32127
2.1 TITLE: P
2.2 NAME: Gorman, Jack
2.3 STREET ADDRESS: 4590 S, Atlantic Ave #137
2.4 CITY-STATE-ZIP: Ponce Inlet, FL 32127
3.1 TITLE: D
3.2 NAME: Wilaby, merlin
3.3 STREET ADDRESS: 4590 S. Atlantic Ave #152
3.4 CITY-STATE-ZIP: Ponce Inlet, FL 32127
4.1 TITLE: D
4.2 NAME: Kiser, Joseph
4.3 STREET ADDRESS: 4590 S. Atlantic Ave #158
4.4 CITY-STATE-ZIP: Ponce Inlet, FL 32127
5.1 TITLE: D
5.2 NAME: Nungessor, Roy
5.3 STREET ADDRESS: 4590 S. Atlantic Ave #246-A
5.4 CITY-STATE-ZIP: Ponce Inlet, FL 32127
6.1 TITLE:
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-STATE-ZIP:
Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report on an attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Roman

3/13/97

Daytona File #0002612

CR2E037 (9/96)