#### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # F37040

### 1. Corporation Name

# May 10, 1999 8:00 am Secretary of State

05-10-1999 90089 030 \*\*\*150.00

BEACH E	ENTERPRISES INC.							
Principal Place	of Business	Mailing Address			( INT HON HOS HILL INT HOS IN SIGN OF HOUSE	1611 01011 31811	9:8:: 0:0:: 100:	
1112 NE 10 AVI	=	1112 NE 10 AVE						
C/O JOHN W. BEACH C/O JOHN W. BEACH				DO NOT WRITE IN THIS	SDACE			
FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 333		04		3. Date Incorporated or Qualifed	SPACE			
					05/26/1981			
e Deineinet Di	and of Pusiness	2a, Mailing Address	-		4. FEI Number	A	oplied For	
——————————————————————————————————————	ace of Business	— ·			NOT APPLICABLE	l N	ot Applicable	
Suite, Apt.	# oto	Suite, Apt. #, etc.				\$8.75	Additional	
22	<del>,, etc.</del>	27			5. Certifcate of Status Desired	Fee R	equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year In		_	
24	25	29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent		
			ļ	81 Name			-	
	CH, JOHN W.		ŀ	82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	NE 10 AVE							
FOR	T LAUDERDALE FL 33304			83				
			}	84 City	FL	85 Zip	Code	
		<del></del>					ranisterad	
					poration submits this statement for the purpose or ion's board of directors. I hereby accept the appo	intment as re	egistered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statu	tes.				
SIGNATURE		ALOYE ALOYE	Declarational	Agent signature requir	ved when reinstating) DATE		\	~
43	Signature, typed or printed name of registered agent and title if applicable (NOTE.  OFFICERS AND DIRECTORS			Agent signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	86
12.	PD	DELETE	13. 1.1 TIT	LE		Change	☐ Addition	Ξ
NAME	BEACH, JOHN W.			1				¥
STREET ADDRESS	1112 NE 10 AVE		1.2 NA	ME				
CITY-ST-ZIP				ME REET ADDRESS				Ö
0111-31-211			1.3 ST	REET ADDRESS				R2E034 (11/98)
TITLE	FT.LAUDERDALE FL		1.3 ST	REET ADDRESS Y-ST-ZIP		Change	Addition	CR2E0
TITLE NAME		[] DELETE	1.3 ST	REET ADDRESS Y-ST-ZIP LE		☐ Change		CR2E0
NAME		DELETE	1.3 ST 1.4 CT 2.1 TIT 2.2 NA	REET ADDRESS Y-ST-ZIP LE		☐ Change		CR2E0
NAME STREET ADDRESS		☐ DELETE	1.3 ST 1.4 C/T 2.1 T/T 2.2 NA 2.3 ST	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS		☐ Change		CR2E0
NAME		☐ DELETE	1.3 ST 1.4 C/T 2.1 T/T 2.2 NA 2.3 ST	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		☐ Change		CR2E0
NAME STREET ADDRESS CITY-ST-ZIP			1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CT	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE			Addition	CR2E0
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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 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 607, 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:**