

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F40193** (7)

1. Corporation Name
BEVERLY BEACH ENTERPRISES, INC.



Principal Place of Business: **2816 N. OCEANSHORE BLVD. P.O. BOX 1048 FLGLER BCH FL 32136 US**
Mailing Address: **P O BOX 1048 FLGLER BCH FL 32136 US**

3. Date Incorporated or Qualified: **06/10/1981**
3a. Date of Last Report: **06/13/1995**

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

4. FEI Number: **59-2102024**
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: **PALMETTO CHARTER SERVICES, INC. SUITE 920, 444 SEABREEZE BLVD. DAYTONA BEACH FL 32018**
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD <input type="checkbox"/> DELETE	NAME: PARIKH, MADHU	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1519 OAK FOREST DRIVE	CITY-ST-ZIP: ORMOND BEACH FL	1.2 NAME:	
TITLE: PD <input type="checkbox"/> DELETE	NAME: PATEL, MAHESH	1.3 STREET ADDRESS:	
STREET ADDRESS: 29 RUBBLY RD.	CITY-ST-ZIP: WENHAM MA	1.4 CITY-ST-ZIP:	
TITLE: VD <input type="checkbox"/> DELETE	NAME: PATEL, SIDDHARTH J.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 4 TIFANY CIRCLE	CITY-ST-ZIP: ORMOND BEACH FL	2.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:		2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.4 CITY-ST-ZIP:	
STREET ADDRESS:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP:		4.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:		4.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S. J. Patel SIDDHARTH J. PATEL DIRECTOR AND VICE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-26-96 Daytime Phone: 192-7504

CR2E034 (12/95)