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Secretary of State

03-09-1999 90006 027 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F40193

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	06/10/1981	59-2102024	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>		
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.	Country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
PALMETTO CHARTER SERVICES, INC. SUITE 920, 444 SEABREEZE BLVD. DAYTONA BEACH FL 32018		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIKH, MADHU	1.2 NAME	
STREET ADDRESS	1519 OAK FOREST DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, MAHESH	2.2 NAME	
STREET ADDRESS	29 RUBBLY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WENHAM MA	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, SIDDHARTH J.	3.2 NAME	
STREET ADDRESS	4 TIFANY CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: S. J. Patel V. President 2-16-99 1-800-255-2706
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 904-439-3111

CR2E034 (1/98)