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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F62618

1. Corporation Name

BEACH PARK CORPORATION

Principal Place of Business

300 BEACH DR NE
ST. PETERSBURG FL 33701
US

Mailing Address

300 BEACH DR NE
ST. PETERSBURG FL 33701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1982

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2156686

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEGER, CRAIG

300 BEACH DR NE
ST. PETERSBURG FL 33701

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 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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

1-24-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETENAME
ST MCCONNAN, LINDA
STREET ADDRESS
8223 - 83A AVE.
CITY-STATE-ZIP
EDMONTON, ALB, CAN1.1 TITLE ☐ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIPTITLE ☐ DELETENAME
P LEGER, CRAIG
STREET ADDRESS
133 BRECKENWOODS SHERWOOD PARK
CITY-STATE-ZIP
ALBERTA CA2.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIPTITLE ☐ DELETENAME
V LEGER, LANCE
STREET ADDRESS
109 BRECKENWOODS SHERWOOD PARK
CITY-STATE-ZIP
ALBERTA CA3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIPTITLE ☐ DELETENAME
D LEGER, IDA
STREET ADDRESS
8787 STRATHEARN CRES.
CITY-STATE-ZIP
EDMONTON, ALBERTA, CAN.4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIPTITLE ☒ DELETENAME
D LAJEUNESSE, THOM
STREET ADDRESS
300 BEACH DR. N.E.
CITY-STATE-ZIP
ST. PETERSBURG FL5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIPTITLE ☐ DELETENAME
DIRECTOR
HAROLD HERRERA
STREET ADDRESS
300 BEACH DRIVE NE
CITY-STATE-ZIP
ST PETERSBURG FL 337016.1 TITLE ☐ Change ☒ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-99

Date

727-898-6325

Daytime Phone #

CR2E034 (11/98)