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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F9400004688**1. Corporation Name

BEACHHOUSE SWIMWEAR, INC.

,						
Principal Place	of Business	Mailing Address		I (\$88) (\$48 (\$10 (\$10)) \$15(1) \$40(1) \$1	iiti dolin dolin didib dirat janat ran 1881	
2075 PERIWINKI	LE WAY #12	2075 PERIWINKLE WAY		•		
SANIBEL FL 33957		#12 Sanibel Fl 33957		DO NOT WRITE I	DO NOT WRITE IN THIS SPACE	
		US		3. Date Incorporated or Qualifed		
				09/12/1994		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 2323	WOOSTER LANE	26 2323 WOOSTE	ER LANE	38-2759489	Not Applicable	
Suite, Apt. 22	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 ろみい		City & State SANIBEL	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 33°	957 [25] CEE	Zip 29 33957 30	Country	This corporation owes the current Personal Property Tax.	¥(Yes □No	
	9. Name and Address of Curren	t Registered Agent	04 11	10. Name and Address of New Regi	stered Agent	
DIMIC	COLA MINCENT		81 Name			
DINICOLA, VINCENT 2075 PERIWINKLE WAY			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
12			83 14	3 WOOSTER LANE		
	BEL FL 33957		#	<i>5</i>		
			84 City	WIBEL	FL 85 Zip Code 3 3 9 5 7	
11 Durewant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the above-named c	omoration submits this statement for the our	pose of changing its registered	
office or re	egistered agent, or both, in the State	of Florida. Such change was author	orized by the corpor	ration's board of directors. I hereby accept th	e appointment as registered	
	m familia with and accept the obliga	Vonstor, Section 197.0303, Florida	Statutes.	Ş	19-99	
SIGNATURE	Signature, typed or printed name of registered ager	nt and thie if applicable. (NOTE: Reg	istered Agent signature rec	quired when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition	
NAME	BAUER, DONALD	•	1.2 NAME	INITE CANDAGETIE	2190 STARFISH LA	
STREET ADDRESS	600 ESTERO BLVD.	·	1.3 STREET ADDRESS	1847 SHANDERSTEE	33957	
CITY-ST-ZIP	FORT MYERS BEACH		1.4 CITY-ST-ZIP	SANIBEL FL	Change Addition	
TITLE	ST	☐ DELETE	2.1 TITLE	•	Change Addition	
NAME	DINICOLA, VINCENT		2.2 NAME			
STREET ADDRESS	1732 SERENITY LANE		2.3 STREET ADDRESS		1	
CITY-ST-ZIP	-SANIBEL-FL-33957	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition	
πiřE		☐ pere le	3.1 TITLE			
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
TITLE			4. 2 NAME			
NAME			4.2 NAME 4.3 STREET ADDRESS		•	
STREET ADDRESS			1		[
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
		<u></u>	5.2 NAME			
NAME STREET ADDRESS			5.3 STREET ADDRESS	•		
			5.4 CITY-ST-ZIP		1	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	-	. <u>.</u>	6.2 NAME			
PANNE PERCET ADDRESS			6.3 STREET ADDRESS		1	

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90116 010 ***150.00