


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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90050 023 ***150.00

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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 # F94000006597

1. Corporation Name
BEACH ENGINEERING, INC.



Principal Place of Business 817 N.W. 30TH AVE. OCALA FL 34475	Mailing Address 817 N.W. 30TH AVE. OCALA FL 34475
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/27/1994	
		4. FEI Number 38-0334189		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHRISTENSEN, DAVID R
817 N.W. 30TH AVE.
OCALA FL 34475**

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

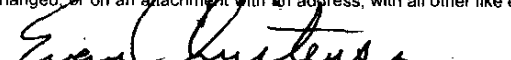
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUROWIEC, STEPHEN E	1.2 NAME	SUROWIEC, STEPHEN E
STREET ADDRESS	22145 SIEGAL CT.	1.3 STREET ADDRESS	3533 SANDERLING DRIVE
CITY-ST-ZIP	NOVI MI 48375	1.4 CITY-ST-ZIP	SOUTHPORT, NC 28461
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, ANNE	2.2 NAME	CHRISTENSEN, ANNE
STREET ADDRESS	9147 S.W. 197TH CIR.	2.3 STREET ADDRESS	9147 SW 197th CIR
CITY-ST-ZIP	DUNNELLON FL 34432	2.4 CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, DAVID R	3.2 NAME	CHRISTENSEN, DAVID R
STREET ADDRESS	9147 S.W. 197TH CIR.	3.3 STREET ADDRESS	9147 SW 197th CIR
CITY-ST-ZIP	DUNNELLON FL 34432	3.4 CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	CHRISTENSEN, EVAN
STREET ADDRESS		4.3 STREET ADDRESS	8421 SW 46TH LANE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CHRISTENSEN, DAVID D
STREET ADDRESS		5.3 STREET ADDRESS	20 OAK HOLLOW DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 **352-829-7168**

CR2E034 (11/98)