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

* PROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 13 1998 8:00am Secretary of State

	MENT # F95000 BEACH MARINA, INC.	0001032 (0)			
Principal Place of Business Mailing Addres		Mailing Address		T (MANIAM IIIM ANDIN MAIN MAIN MAIN MAIN MAIN ANDIN	tiki viali selaa siira ahki lasi
1131 VERNON PLACE		1131 VERNON PLACE			
MARCO ISLAND FL 34145		MARCO ISLAND FL 33007		DO NOT WRITE IN THIS	S SPACE
US				3. Date Incorporated or Qualified	701702
}				03/03/1995	ł
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		54-0788856	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 City & State			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28]	Country		Added to Fees
24	25	29 34145	30	 This corporation owes or has paid the c Personal Property Tax due June 30. 	Yes K No
-	9. Name and Address of Curren		100	10. Name and Address of New Registere	
PAI	RCELLES, ROBERT J SR		81 Name		
4444 150101 01405				Iress (P.O. Box Number is Not Acceptable)	
MARCO ISLAND FL 34145					
			83		
			84 City		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 Horina. 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.					
agent. Lam familiar with, and accomplishe obligations of Section 6070596, Florida etatutes.					
SIGNATURE	Signature, typed or printed represent registered age	int and Me if applied blo (NOT	IE Registered Agent signature (s.)	red whon reinstaling) DATE	7-78-10
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	APTC V	☐ DELETE	1.1 TITLE		Change Addition
NAME	PARCELLES, ROBERT J SR		1.2 NAME		
STREET ADDRESS	1131 VERNON PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL -23937-		1.4 CITY - ST - ZIP		34143
TITLE	S	DELETE	2.1 TITLE		Change
NAME	PARCELLES, RODGER J		2.2 NAME		
STREET ADDRESS	600 LEWIS COURT		2.3 STREET ADDRESS		74145
CITY-ST-ZIP	MARCO ISLAND FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TITLE NAME	V Sale, Rubin		3.1 THE 3.2 NAME		Change Addition
STREET ADDRESS	3 HOPE SPRINGS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	STAFFORD VA		3.4. CITY - ST - ZIP		j
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	DEAN, DAVID D		4 2 NAME		
STREET ADDRESS	2750 KILLARNEY DRIVE - SUI	TE 107	4.3 STREET ADDRESS		
CITY-ST-ZIP	WOODBRIDGE VA 22192		4.4 CITY - ST - ZIP		<u></u> :
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP		- 11 Sp. czs	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		L. Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - 2(P		

14. Thereby 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 trusted 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 all address.