FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004919 (5)**

1. Corporation Name

BEEHIVE INTERNATIONAL, INC.

Principal Place of Business

% JENNY SAVAGE
201 LAFAYETTE CIRCLE. STE 201
LAFAYETTE CA 94549

Mailing Address

% JENNY SAVAGE
201 LAFAYETTE CIRCLE. STE 201
LAFAYETTE CA 94549

3. Date Incorporated or Qualified: **10/11/1995**

3a. Date of Last Report:

2. Principal Place of Business
21 **810 Alder Ave**
Suite, Apt. #, etc.
22 **#60**
City & State
23 **Incline Village NV**
Zip 24 **89450** Country 25

2a. Mailing Address
26 **PO BOX 6621**
Suite, Apt. #, etc.
27
City & State
28 **Incline Village NV**
Zip 29 **89450** Country 30

4. FEI Number: **87-0277583** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB
% FOWLER, WHITE, GILLEN, BOGGS, ETAL
501 E. KENNEDY BLVD., #1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1506, 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 (Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, THOMAS A	12 NAME	
STREET ADDRESS	201 LAFAYETTE CIRCLE, STE 201	13 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE CA	14 CITY-ST-ZIP	
2 TITLE	ST ☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	SAVAGE, JENNY	22 NAME	
STREET ADDRESS	201 LAFAYETTE CIRCLE, STE 201	23 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE CA	24 CITY-ST-ZIP	
3 TITLE	V ☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	RAYWOOD, ROBERT F	32 NAME	
STREET ADDRESS	729 BENJAMIN FOX PAVILION	33 STREET ADDRESS	
CITY-ST-ZIP	JENKINTOWN PA	34 CITY-ST-ZIP	
4 TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
5 TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
6 TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Jennie Savage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennie Savage — Date

510-299-0230 — Daytime Phone #