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Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001207 (6)

1. Corporation Name

BEACON VENTURE MANAGEMENT CORPORATION II

Principal Place of Business

156 PLANTATION CIRCLE S.
PONTE VEDRA BEACH FL 32082

Mailing Address

156 PLANTATION CIRCLE S.
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

04-3302109

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 786 STERLING CHASE DRIVE

Suite, Apt. #, etc

22 City & State

23 PORT ORANGE, FL

24 Zip 32124

25 Country

2a. Mailing Address

26 786 STERLING CHASE DRIVE

Suite, Apt. #, etc

27 City & State

28 PORT ORANGE, FL

29 Zip 32124

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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 type (for public use only) and date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME NOLFI, FRANK V JR
STREET ADDRESS 156 PLANTATION CIRCLE S.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE DC
NAME NOLFI, FRANK V JR
STREET ADDRESS 156 PLANTATION CIRCLE S.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
1.2 NAME NOLFI, FRANK V. JR.
1.3 STREET ADDRESS 786 STERLING CHASE DRIVE
1.4 CITY-ST-ZIP PORT ORANGE, FL 32124

2.1 TITLE DC
2.2 NAME NOLFI, FRANK V. JR.
2.3 STREET ADDRESS 786 STERLING CHASE DRIVE
2.4 CITY-ST-ZIP PORT ORANGE, FL 32124

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

CR2E034 (10/97)