

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

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98 JUL 30 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1998

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

DOCUMENT # **497000005381**

**SILVER BEACH PRODUCTIONS, INC.**

Principal Place of Business  
**2120 Colfax Ave  
Benton Harbor, MI  
49022-6844**

Mailing Address  
**Same**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/13/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>38-3217742</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

**Wells, Aaron T.  
12163 Cuddington Ct.  
Wellington, FL 33414-5550**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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 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 the if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>Wells, Aaron T.</b>	<b>12163 Cuddington Ct.</b>	<b>Wellington, FL 33414-5550</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>Wells, Carl M</b>	<b>2120 Colfax Ave</b>	<b>Benton Harbor, MI 49022-6844</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>Wells, Theodora L</b>	<b>2120 Colfax Ave</b>	<b>Benton Harbor, MI 49022-6844</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>400002609674--9</b>
1.4 CITY-ST-ZIP	<b>-08/06/98--01070--016</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>*****150.00 *****150.00</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Carl M. Wells** 7/20/1998 (581 790-3381)

CR2E034 (10/97)

2

July 2, 1998

Division Of Corporations  
Annual Report Filing  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

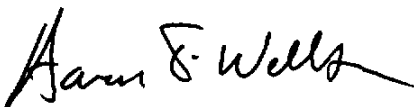
Today I received a "second notice" for my company's 1998 Profit Corporation Annual Report. However, this was paid on January 6<sup>th</sup>, 1998 (check number 145).

I called your office and was told that you had no record of receiving our payment. I was also told that your office had received a number of calls today reporting the same problem. The feeling of your representative was that a number of payments had been lost in the mail.

I checked with our bank and the original check has not cleared. On the suggestion of your rep, I stopped payment on that check and issued the enclosed check.

If you have any questions please give me a call at (561) 790-3381.

Thanks,



Aaron Wells

Silver Beach Productions Inc  
2120 Colfax Ave  
Benton Harbor, MI 49022-6844  
(616) 925-3322

12163 Cuddington Ct.  
Wellington, FL 33414-5550  
(561) 790-3381

3

2 143  
2-5 "98  
TO SBP

	DOLLARS	CENTS
BAL FWD		
DEPOSIT/ CREDIT	1010	
TOTAL		
TIM PAYMENT	450	00
OTHER DEDUCTIONS		
BAL FWD		

144  
2-5 "98  
TO SBP

	DOLLARS	CENTS
BAL FWD		
DEPOSIT/ CREDIT		
TOTAL		
TIM PAYMENT	450	00
OTHER DEDUCTIONS		
BAL FWD		

145  
2-6 "98  
TO Dept of Nat  
BAL FWD 1000  
DEPOSIT/ CREDIT 1000  
TOTAL  
TIM PAYMENT 150 00  
OTHER DEDUCTIONS  
BAL FWD

Check stub for  
original "Annual Report"  
Payment.

Check # 145  
2/6/98  
\$150