Carden Husins of Eucliness  Americ C. NOVELL, R.  Americ C. NOVEL, R.  Solito, Apti 4, otc.  C.  Solito, Apti 4, otc.  Solito, Apti 4, otc.  C.  Solito, Apti 4, otc.  So	FILE NOW: FILING FE PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPAR Bandra E Secreta	AFTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED May 07 1997 8:00am Secretary of State	
Circle March & Beatons & Maring Address & Health C. Powell J. R.  Howells To No. No.  Howells To No.  Howells	OCUMENT # G1258 Corporation Name ANDEX BEACH REALTY, INC.	4 (0)				
Practical fibre of Buoress	icipal Place of Business ARRY C. POWELL, JR. HOMESTEAD RD N GH ACRES FL 33936	N HARRY C. POWELL. JR. 1100 HOMESTEAD RD N LEHIGH ACRES FL 339364		3. Date Incorporated or Qualified	Sa. Date of Last Report	
Suite April 4 dec. Suite April 4	Principal Place of Business	×		4. FEI Number	Applied For	
Contract of status Desired	Suite, Apt. #, etc.				- CQ 75 Additional	
Point         Trust Fund Contribution         Added to Free           20         Country         20         Country         8. This exposition has lability for humphibe as under is 190.02, Profile Statutes         1%         Price Contribution         1%	City & State				LJ Fee Required	
Status       Processor	Dify & State	í		,		
9, Name and Address of Current Registered Agent     10, Name and Address of New Registered Agent       POWELL, HARRY C, JR     41       1100 HOMESTEAD RD N     62       LEHICH ACRES FL 33936     62       64     Criv       64     Criv       65     64       67     Fursionit to this provisions of Stections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered other or registered agent, or both, in the State of Florida. Sch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered other or registered agent, or both, in the State of Florida. Sch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered other or registered agent, or both, in the State of Florida. Sch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered other or registered agent, or both, in the State of Florida. Sch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Sch Change is purposed agent optimized agent optim	· · · · · · · · · · · · · · · · · · ·	harry '	<u> </u>			
Protect, Promissions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered effect or registered agent, or both, in the State of Florida. Statutes, the above named corporation's board of directors. Thereby accept the appointment its registered effect or registered the other with and accept the obligations of Section 607.0508. Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment its registered effect or registered the other with and accept the obligations of Section 607.0508. Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment is registered effect or registered agent, or both, in the State of Florida. Statutes and the influences.  NATUHE   Provide agent of registered the obligations of Section 607.0508. Florida Statutes.  NATUHE   OUT ICERS AND DIFECTORS IN 12  OUT ICERS AND DIFECTORS IN DELETE  I Timt  SD  OUT ICERS AND DIFECTORS IN DELETE  I Timt  ANGLICKIS, RUTH  ANGLICKIS	9. Name and Address of Curr					
Depresent ranke or regulator algorithm to the spectrations       (NOTE Progenetal Agent algorithm to the spectrations)       DATE         OFFICE RS AND DIFFECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12         ANGLICKIS, RUTH       DELETE       11 TITLE       ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12         If ADRESS       ANGLICKIS, RUTH       DELETE       11 TITLE       Change       Addition         If ADRESS       LEHICH ACRES, FL 00000       13 STRET ADDRESS	office or registered agent, or both, in the Sta agent. I am familiar with, and accept the ob	1502 and 607,1508, Florida Statu ate of Florida. Such change was ligations of, Section 607.0505, Fl	84 City	poration submits this statement for the tion's board of directors. I hereby acce	Durpose of changing its registered	
SD       DELETE       11 Title       Change       Addition         E1 Added CD       1100 HOWESTEAD RD N       L3 STREET ADDRESS       L4 CITY-S1-20       Change       Addition         S1 20:       LEHICH ACRES, FL 00000       DELETE       21 Title       Change       Addition         S1 20:       LEHICH ACRES, FL 00000       DELETE       21 Title       Change       Addition         S1 20:       LEHICH ACRES, FL 00000       DELETE       21 Title       Change       Addition         S1 20:       LEHICH ACRES, FL 00000       24 CITY-S1-20       Change       Addition         S1 20:       LEHICH ACRES, FL 00000       24 CITY-S1-20       Change       Addition         S1 20:       LEHICH ACRES, FL 00000       24 CITY-S1-20       Change       Addition         S1 20:       LEHICH ACRES, FL 00000       24 CITY-S1-20       Change       Addition         S1 20:       DELETE       31 TITLE       Change       Addition         S1 20:       LEHICH ACRES, FL 00000       24 CITY-S1-20       Change       Addition         S1 20:       DELETE       31 TITLE       Change       Addition         S1 20:       DELETE       11 TITLE       Change       Addition         S1 20:	Segmented parties of registered					
E1 ADDRESS       1100 HOMESTEAD RD N       13 STREET ADDRESS         SIL 2P.       LEHIGH ACRES, FL 00000       14 GTV-SI-2P         E       PTD       DELETE       21 TIFLE         POWELL, HARRY C JR       12 STREET ADDRESS       100 HOMESTEAD RD N       23 STREET ADDRESS         SIL 2P.       DWELL, HARRY C JR       12 AUMAE       100 HOMESTEAD RD N       23 STREET ADDRESS         SIL 2P.       LEHIGH ACRES, FL 00000       2.4 GTV-SI-2P       Change       Addition         F       V       DELETE       31 TITLE       Change       Addition         F       V       DELETE       31 TITLE       Change       Addition         F       V       DELETE       31 TITLE       Change       Addition         F       V       DELETE       1100 HOMESTEAD RD N       33 STREET ADDRESS       100 HOMESTEAD RD N       33 STREET ADDRESS         SI: AP       LEHIGH ACRES, FL 00000       34 GTV-SI-2P       Change       Addition         F       DELETE       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         SI: AP       LEHIGH ACRES, FL 00000       34 GTV-SI-2P       Change       Addition         F       DELETE       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS		······		ADDITIONS/CHANGES TO OFFI		
Ist. 2r       LEHIGH ACRES, FL 00000       14 CITY-ST-2P         F       PTD       DELETE       21 TITLE       Change       Addition         FL ADRESS       LEHIGH ACRES, FL 00000       24 CITY-ST-2P       Change       Addition         FL ADRESS       LEHIGH ACRES, FL 00000       24 CITY-ST-2P       Change       Addition         FL ADRESS       LEHIGH ACRES, FL 00000       24 CITY-ST-2P       Change       Addition         FL ADRESS       LEHIGH ACRES, FL 00000       34 CITY-ST-2P       Change       Addition         FL ADRESS       1100 HOMESTEAD RD N       33 STRET ADRESS       Street ADRESS       Street ADRESS         S1- //P       LEHIGH ACRES, FL 00000       34 CITY-ST-2P       Change       Addition         FL ADRESS       43 STRET ADRESS       43 STRET ADRESS       Street ADRESS       Street ADRESS         S1- //P       Change       Addition       Street ADRESS       Street ADRESS       Street ADRESS         S1- //P       Street ADRESS       Street ADRESS       Street ADRESS       Street ADRESS       Street ADRESS         S1- //P       Street ADRESS       Street ADRESS       Street ADRESS       Street ADRESS       Street ADRESS       Street ADRESS         S1- //P       Street ADRESS       Street ADRESS<			1.2 NAME			
E       PTD       DELETE       21 TIFLE       Change       Addition         E       POWELL, HARRY C JR       2 XAME						
EH 400RESS       1100 HOMESTEAD RD N       23 STRET ADDRESS         S1-2/P       LEHIGH ACRES, FL 00000       2 4 CIY-S1-2/P         F       V       DELETE       31 TITLE         BROWN, BETTY       32 NAME       Change       Addition         S1-2/P       LEHIGH ACRES, FL 00000       34 CIY-S1-2/P       Change       Addition         S1-2/P       LEHIGH ACRES, FL 00000       34 CIY-S1-2/P       Change       Addition         S1-2/P       LEHIGH ACRES, FL 00000       34 CIY-S1-2/P       Change       Addition         FE       DELETE       11TILE       Change       Addition         FE       DELETE       11TILE       Change       Addition         FE       DELETE       51 TITLE       Change       Addition         S1-2/P       44 CIY-S1-2/P       Change       Addition         S1-2/P       S1 TITLE       Change	F PTD	DELETE		**************************************	Change Addition	
S1-2P       LEHIGH ACRES, FL 00000       2.4 CITY-S1-2P         F       V       DELETE       31 TITLE         BROWN, BETTY       32 NAME       Change       Addition         S1-2P       LEHIGH ACRES, FL 00000       33 CITY-S1-2P       Change       Addition         S1-2P       LEHIGH ACRES, FL 00000       34. CITY-S1-2P       Change       Addition         S1-2P       LEHIGH ACRES, FL 00000       34. CITY-S1-2P       Change       Addition         F       DELETE       41 TITLE       Change       Addition         F       DELETE       41 TITLE       Change       Addition         F       DELETE       51 TITLE       Change       Addition         F       DELETE       61 TITLE       Change	AAAA LIOMEOTEAD DO N					
F       V       DELETE       3.1 TITLE       Change       Addition         Het       BROWN, BETTY       3.3 STREET ADDRESS       3.3 STREET ADDRESS         -SL-2H       LEHIGH ACRES, FL 00000       3.4 (JTY-ST-ZIP       Change       Addition         Ket       DELETE       4.1 TITLE       Change       Addition         Ket       DELETE       4.1 TITLE       Change       Addition         Ket       DELETE       4.1 TITLE       Change       Addition         Ket       4.2 NAME       4.3 STREET ADDRESS       4.4 DIY-ST-ZIP         Ket       DELETE       5.1 TITLE       Change       Addition         Ket       DELETE       6.1 TITLE       Change       Addition         Ket       DELETE       6.1 TITLE       Change       Addition         Ket	LEVIOU AODER EL 00000					
EF ADDRESS       1100 HOMESTEAD RD N LEHIGH ACRES, FL 00000       3.3 STREFT ADDRESS         -S1-20	F V	DELETE	3.1 TITLE		Change Addition	
S1.20°       LEHIGH ACRES, FL 00000       34. DIY-ST-ZIP         E       DELETE       4.1 TITLE       Change       Addition         RE       0.21 PERFORME       4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS         -S1-ZIP	4400 UONECTEAD DO N				,	
#E       4.2 NAME         EEF ADDRESS       4.3 STREET ADDRESS        S1-2iP       4.4 CITY-S1-2iP         E       DELETE         5.1 TITLE       Change         Addition         #       52 NAME         S1 ADDRESS       53 STREET ADDRESS        S1-2iP       54 CITY-S1-2iP         E       DELETE         6       53 STREET ADDRESS        S1-2iP       54 CITY-S1-2iP         E       DELETE         6.1 TITLE       Change         Addition       62 NAME         F1 ADDRESS       53 STREET ADDRESS        S1-2iP       64 CITY-S1-2iP         E       DELETE         6.1 TITLE       Change         Addition       62 NAME         63 STREET ADDRESS       63 STREET ADDRESS        S1-2iP       64 CITY-S1-2iP         1. Too 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ham an officer or director of the corporation pr the receiver or trustee empowered to execute and that my signature shall have the same legal effect as if made under oath; that ham an officers.						
EFF ADDRESS       43 STREET ADDRESS         -S1-2iP       44 CITY - ST-2iP         E       DELETE         S1 TITLE       Change         Addition         H       52 NAME         S1-2iP       53 STREET ADDRESS         S1-2iP       54 CITY - ST-2iP         FET ADDRESS       53 STREET ADDRESS         -S1-2iP       54 CITY - ST-2iP         E       DELETE         6.1 TITLE       Change         ME       63 STREET ADDRESS         -S1-2iP       64 CITY - ST-2iP         FET ADDRESS       63 STREET ADDRESS         -S1-2iP       64 CITY - ST-2iP         I do 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 suppliemental annual report is three and accurate and that my signature shall have the same legal effect as if made under oath; that have here core 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 change or on an attachment with an Address.	f	DELETE			Change Addition	
SI-2(P)       44 CITY-SI-2(P)         E       DELETE       5.1 TITLE         IFF ADDRESS       5.3 STREET ADDRESS         C-SI-2(P)       54 CITY-SI-2(P)         E       DELETE         SI-2(P)       54 CITY-SI-2(P)         IFF ADDRESS       53 STREET ADDRESS         C-SI-2(P)       54 CITY-SI-2(P)         IFF ADDRESS       53 STREET ADDRESS         SI-2(P)       DELETE         If ADDRESS       63 STREET ADDRESS         SI-2(P)       64 CITY-SI-2(P)         If On hereby certuly 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 ham 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.						
If       52 NAME         S1 ADDRESS       53 STREET ADDRESS         C=S1-2/0'       54 CITY - ST - ZIP         If       DELETE         If       ADDRESS         S2 NAME       6.1 TITLE         If       B2 NAME         If       ADDRESS         S1-2/P       6.1 TITLE         If       B2 NAME         If       ADDRESS         S1-2/P       64 CITY - ST - ZIP         If       ADDRESS         S1-2/P       64 CITY - ST - ZIP         If do hereby certuly 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 have have an other 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.	- SI - ZIP		4.4 CITY-ST-ZIP			
EET ADDRESS       53 STREET ADDRESS        ST-ZIP       54 CITY - ST-ZIP         E       DELETE         6.1 TITLE       Change         ME       6.2 NAME         F1 ADDRESS       6.3 STREET ADDRESS        ST-ZIP       6.3 STREET ADDRESS        ST-ZIP       6.4 CITY - ST-ZIP         It       0 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 ham 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 it changed or on an attachment with an address.	f	L_ DELETE			LI Change LJ Addition	
54 CITY-SI-ZIP         E         B         DELETE         6.1 TITLE         B         B         Change         Addition         B         B         Change         Addition         B         B         Change         Addition         B         ST-ZIP         B         Change         Addition         ST-ZIP         B         Change         Addition         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 ham 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.	eet address					
If       62 NAME         FET ADDRESS       63 STREET ADDRESS         ST-ZIP       64 CITY-ST-ZIP         If do hereby certuly 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 have no 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.	~~\$T-ZII <sup>*</sup>		54 CITY - ST-ZIP			
EFF ADDRESS - ST-ZIP - I do 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.	F				LI Unange LI Addition	
I do 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 an 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.	n FET ADDRESS					
I am an officer or director of the corporation or the receiver of 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.	· ST-ZIP	Ward socials along a long of the second second	6.4 CITY-ST-ZIP	od In Contion 110 07/07/11 Flands Cont	on thisbor on the the	
	<ul> <li>Loo nereby certify that the information suppli- information indicated on this annual report of Lam an officer or director of the corrected.</li> </ul>	plied with this hilling does not qual or supplemental annual report is nor the receiver or trustee emon	ay for the exemption state true and accurate and this vered to execute this rem	at my signature shall have the same leg of as required by Chapter 607. Florida	es, i runner centry that the al effect as if made under oath; that Statutes; and that my name	
	THE FOR THE AND THE CONTRACT OF THE CONTRACT AND THE CONT	ישטערואיט שאנאטי איירא אייראי איירא אייראי אייראי		or as requires by proper party ripliced	ereneres and trucing fiding	

H = ~1 ~ 2 C · 1 C · 1 C · 1 C · 1