FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:49

DOCUMENT # **G20805** **(9)**

1. Corporation Name
BEACH BAZAAR, INC.

Principal Place of Business	Mailing Address
% JOHN R. HAGGITT, ESQ 300 TURNER ST CLEARWATER FL 34616-5327	% JOHN R. HAGGITT, ESQ 300 TURNER ST CLEARWATER FL 34616-5327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/28/1983**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business	2a. Mailing Address
21 399 Mandalay Ave Beach Bazaar	26 399 Mandalay Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Clearwater Beach, Fl. 34630	City & State 28 Clearwater Beach, Fl.
Zip / Country 24 34630 / 25 Pinellas	Zip / Country 29 34630 / 30 Pinellas

4. FEI Number: **59-2351732** ☐ 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

HAGGITT, JOHN R. ESQ
300 TURNER ST
CLEARWATER FL 33516

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 Charles Schlesman Pres. Charles Schlesman
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES	11 TITLE	☐ Change ☐ Addition
NAME	SCHLESMAN, CHARLES	12 NAME	
STREET ADDRESS	2275 BEN HOGAN DR	13 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	SCHLESMAN, PATRICIA	22 NAME	
STREET ADDRESS	2275 BEN HOGAN DR	23 STREET ADDRESS	
CITY ST ZIP	DUNEDIN FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do 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 if changed, or is in an attachment with an address.

SIGNATURE: Charles Schlesman Charles Schlesman 4-6-95 813-443-2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP