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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G38689

(7)

BEVERLY HILLS REALTY, INC.

**FILED** Apr 07 1998 8:00am Secretary of State



Principal Pla	ice of Business	Mailing Address				
		~				
P.O. BOX 64 REVERIY H		P.O. BOX 640-298 BEVERLY HILLS FL 34464- US	EVERLY HILLS FL 34464-0298		DO NOT WRITE IN THIS SPACE	
US		••			3. Date Incorporated or Qualified 05/17/1983	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21		26			<b>59-2303466</b> Not Applicab	
Suite, Apt. #, etc.		Suile, Apt. #, etc			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Sta	ate	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent	8-	Name	10. Name and Address of New Registered Agent	
C	CASSIDY, MARGARET J.					
96 S. TYLER STREET			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	BEVERLY HILLS FL 34464					
			8:	3		
			84	City	85 Zip Code	
				1 - 7	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Stgnature, typist or printed name of registered ager OF FICERS AND		. Registered A	gent signature rec	quired when reinsteting)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	DELETE	1.1 TITLE		Change Addition	
NAME	CASSIDY, MARGARET J.		12 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL		1.4 CITY-			
TITLE	D	DELETE	2.1 TITLE		Change Additi	
NAME	CASSIDY, MARGARET		2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL		2 4 CITY	- \$1 - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME	1		3.2 NAME	:		
STREET ADDRESS	s		3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY	- ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAM	E		
STREET ADDRESS	s		4.3 STREE	T ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY			
TITLE		☐ DELETE	5.1 TITLE		Change Madditi	
NAME			5.2 NAME			
STREET ADDRESS	s			T ADORESS		
CITY-ST-ZIP		TT 55.535	5.4 CITY		The same	
TITLE		☐ DELETE	6.1 TITLE	ĺ	Change Additi	
NAME			6.2 NAME	1		
STREET ADDRESS	s			T ADDRESS		
CITY-ST-ZIP			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.

HAVEARIT ICASSIDY #2/98 352-746-33/0 SIGNATURE: