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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G61244

(1)

FILED Feb 21 1997 8:00am Secretary of State

Corporation Name	<u> </u>	7.7	
BEACON LIGHT JE	WELERS, INC.		
		3.1	TORRES HALF HALF HALF HALF HALF HALF HALF HALF

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2332204 59-2332204 59-2332204 50-232204 50-232204 50-232204 50-232204 50-232204 50-232204 50-232204 50-232204 50-2	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No
2484 N. FEDERAL HWY. LIGHTHOUSE POINT FL 33064 2484 N. FEDERAL HWY. LIGHTHOUSE POINT FL 33064 6812 3. Date Incorporated or Qualified 09/26/1983 03/08 2. Principal Place of Busines 28. Mailing Address 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. City & State 23. City & State 24. Country 25. 26. Country 26. Suite, Apt. #, etc. 27. City & State 28. City & State 29. Suite, Apt. #, etc. 29. Trust Fund Contribution 20. Trust Fund Contribution 20. Trust Fund Contribution 21. Principal Place of Busines 22. Principal Place of Busines 23. Date Incorporated or Qualified 09/26/1983 4. FEI Number 59-2332204 5. Certificate of Status Desired 20. Trust Fund Contribution 21. Trust Fund Contribution 22. Principal Place of Busines 23. Date Incorporated or Qualified 09/26/1983 4. FEI Number 59-2332204 5. Certificate of Status Desired 26. Election Campaign Financing 27. Trust Fund Contribution 28. This corporation has liability for intengible ta 29. Florida Statutes 29. Yes 20. DAVIS, CHARLES 2484 N. FEDERAL HWY. 2484 N. FEDERAL HWY. 2484 N. FEDERAL HWY. 249	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No
3. Date Incorporated or Qualified 09/26/1983 03/08 2. Principal Place of Business 26	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No
2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Zip Country A. FEI Number 5. Certificate of Status Desired Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Strip Country Priorida Statutes Yes DAVIS, CHARLES 2484 N. FEDERAL HWY. LIGHTHOUSE POINT FL 33084	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State City & State 28 Zip Country Zip Country Zip Country 29 30 Country B. This corporation has liability for intengible ta Florida Statutes Florida Statutes Yes DAVIS, CHARLES 2484 N. FEDERAL HWY. LIGHTHOUSE POINT FL 33084 Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desired Country Trust Fund Contribution Tous Fund Contribution Florida Statutes Florida Statutes Florida Statutes Florida Statutes Yes Street Address (P.O. Box Number is Not Acceptable)	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No
City & State City & C	\$5.00 May Be Added to Fees ax under s. 199.032, No
23 Trust Fund Contribution Zip Country Zip Country 24 25 29 30 Florida Statutes 9, Name and Address of Current Registered Agent DAVIS, CHARLES 2484 N. FEDERAL HWY. LIGHTHOUSE POINT FL 33084 Trust Fund Contribution Country 8. This corporation has liability for intengible ta Florida Statutes Florida Statutes 10, Name and Address of New Registered Agent Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	Added to Fees ax under s. 199.032, No
Zip Country Zip Country Sip Sign Sign Sign Sign Sign Sign Sign Sign	ax under s. 199.032, No
24 25 29 30 Florida Statutes Yes DAVIS, CHARLES 2484 N. FEDERAL HWY. LIGHTHOUSE POINT FL 33084	No
9, Name and Address of Current Registered Agent DAVIS, CHARLES 2484 N. FEDERAL HWY. LIGHTHOUSE POINT FL 33064 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	
DAVIS, CHARLES 2484 N. FEDERAL HWY. LIGHTHOUSE POINT FL 33064 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	
2484 N. FEDERAL HWY. LIGHTHOUSE POINT FL 33064 Street Address (P.O. Box Number is Not Acceptable)	
LIGHTHOUSE POINT FL 33084	
1	
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 c	L
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 appoint agent I an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	nanging its registered ntment as registered
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Stgriature, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	.,,
Stgrature, typed or privated name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	NOCCTODE IN 10
	Change Addition
NAME DAVIS, CHARLES R. 12 NAME	T CHENGO TO HOURS
STREET ADDRESS 2484 N. FEDERAL HWY.	
CITY-S1-7/P LIGHTHOUSE PT. FL 1.4 CITY-S1-7/P	
	Change Addition
NAME DAVIS, RITA L. 22 NAME	
STREET ADDRESS 2484 N FEDERAL HWY 23 STREET ADDRESS	
FIGURIALIZE BY EL AAAAA	
	Change Addition
NAME 32 NAME	T change FT vocation
STREEL ADDRESS 33 STREET ADDRESS	
CITY_ST-ZIP	Change Addition
NAME 4.2 NAME	recition
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
	Change Addition
NAME 52 NAME	Tarmillo FT Liferileii
STREET ADDRESS 5.3 STREET ADDRESS	
The state of the s	Change Addition
NAME 62 NAME	the according a first supplication.
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.1 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 or	ertify that the

4. 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 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 all achment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-97

954 942 9318

Daytime Phyne #