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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G77148

BEAUM	BAZAAR OF DAYTONA BE	EACH, INC.			
Principal Pla	ace of Business	Mailing Address		P (00134) 0011 2001; 10501 11017 0101 11017	is diale araki araki bibio bibir 10al
203 N ATLANTIC AVE % 71 RIVERSIDE DR. DAYTONA BCH FL 32118 ORMOND BEACH FL 3		% 71 RIVERSIDE DR. ORMOND BEACH FL 3217	6	DO NOT WRITE IN TH	NC CDACE
US				3. Date Incorporated or Qualifed	113 SPACE
				01/04/1984	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59- 2378593	Not Applicable
Suite, Ap	ot. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & St	tate	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country		Country	Trust Fund Contribution	Added to Fees
Z ₁ p	Country 25	29	30	 This corporation owes the current year Personal Property Tax. 	Yes No
24	9. Name and Address of Cur		1301	10. Name and Address of New Register	
			81 Name		
	ostidakis, Helen F.		82 Street Ado	ress (P.O. Box Number is Not Acceptable)	
1	RIVERSIDE DR.		62 Sireer Add	iress (F.O. Box Number is Not Acceptable)	
OF	RMOND BEACH FL 32176		83		
}			84 City		85 Zip Code
			84 City	F	EL S ZIPCONO
agent.	I am familiar with, and accept the ob	ligations of Section 607.0505, Fi	iorida Statutes.	ion's board of directors. I hereby accept the ap	el-alm
agent. SIGNATUR	I am familiar with, and accept the ob RE Hele D F COS Signature, typed or printed name of registered	ligations of Section 607.0505, Flore Communication 607.0505, Flore Communica	iorida Statutes. E Registered Agent signature requi	Thatidakia 3	1/29/99
agent. SIGNATUR 12.	I am familiar with, and accept the ob RE Hele L. C. Signature, typed or printed name of registered OFFICERS	ligations of, Section 607.0505, FI Agent and title If applicable (NOI AND DIRECTORS	E Registered Agent signature required.	L' Lastidation 3	1/29/99
agent. SIGNATUR 12. TITLE	I am familiar with, and accept the ob RE Signature, typed or printed name of registered OFFICERS	ligations of Section 607.0505, Flore Communication 607.0505, Flore Communica	iorida Statutes. E Registered Agent signature required in the statute of the sta	Thatidakia 3	3/29/99 AND DIRECTORS IN 12
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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, with all other like empowered

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS