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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90173 031 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G77148

1. Corporation Name
BEACH BAZAAR OF DAYTONA BEACH, INC.

Principal Place of Business
203 N ATLANTIC AVE
DAYTONA BCH FL 32118
US

Mailing Address
% 71 RIVERSIDE DR.
ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1984

4. FEI Number

59-2378593

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSTIDAKIS, HELEN F.
71 RIVERSIDE DR.
ORMOND BEACH FL 32176

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

Helen F. Kostidakis

(NOTE: Registered Agent signature required when installing)

DATE

3/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME KOSTIDAKIS, TIMOTHY J.
STREET ADDRESS 81 ATWOOD LANE
CITY-ST-ZIP ORMOND BCH. FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME KOSTIDAKIS, PERRY
STREET ADDRESS 71 RIVERSIDE DR.
CITY-ST-ZIP ORMOND BCH. FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME KOSTIDAKIS, HELEN F
STREET ADDRESS 71 RIVERSIDE DR
CITY-ST-ZIP ORMOND BCH FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME KOSTIDAKIS, MARIA F
STREET ADDRESS 71 RIVERSIDE DR
CITY-ST-ZIP ORMOND BCH FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered

SIGNATURE:

[Signature]

4-19-99 (904) 676-0389