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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # H24095

(2)

BEAL ST., INC.

Mailing Address Principal Place of Business

1220 SIEBERT ST FT WALTON BEACH FL 32548

1220 SIEBERT ST FT WALTON BEACH FL 32548-6220

FILED Sep 25 1997 8:00am Secretary of State



	-101112									
							3. Date Incorporated or Qualified	3a. Date of L	•	
							10/01/1984	05/01/19	96	
2. Principal Pi	ac e of Business	2a. Maili	2a. Mailing Address				4. FEI Number		Applied F	For
21		26	26				59-2451576 Not Applicable			
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 7 7	.75 Addition	
22		27	27				6. Cermicate of Statos Desired	F	ee Required	j
City & State	9	City	City & State				6. Election Campaign Financing \$5.00 May B			3e
23		28					Trust Fund Contribution		ded to Fees	
Zip	Country	Zψ		Cour	ntry		8. This corporation has liability for in	tangible tax un	der s. 199.0)32,
24	25	29		30			Florida Statules Yes No			
	Name and Address of Currer	t Registered	Agent		10. Name and Address of New Registered Agent					
BEA	l, timothy james			1	81	Name				
492 PARISH BLVD					82 Street Address (P.O. Box Number is Not Acceptable)					
		- 1	5treet Address (P.O. Box Number is Not Acceptable)					[
, incsr	Y ESTHER FL 32569			ļ.	83					
4.										
*					84	City		FL 85	Zip Code	i
44 Duramania	to the provinces of Southur 607 050	2 and CO7 16	OR Chards Statute	the ab		namod o	corporation submite this statement for the nu		ina its roals	stered
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 Signature, typed or pushed taken of registered agent and taken applicable. (NOTE Registered Agent signature required when reinstating). DATE										
					Ager	ii signature te	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	The state of the s			1.1 101	1.6	Т	ADDITIONS/OFFACES TO CITTOE	Ct		Addition
1	BEAL, TIMOTHY JAMES		pereit	1.2 NA				٠.	3.1go (L.3.7.	
NAME	492 PARISH BLVD									1
STREET ADDRESS						ADDRESS				
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THTLE				2.1 [1]	2.1 TITLE			∐ Cr	ange LJA	Addition
NAME				2.2 NA	ME	}				
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NAME	3.7			3.2 NA	ME					
STREET ADDRESS				3.3 SH	REET	ADDRESS				
CITY-ST-ZIP				3.4. Cf	IY-S	T-7IP				
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NAME	l			4. 2 NA	AME					ĺ
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				5.7 MA					٠٠٠ السيط مي	
NAME										
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NAME				6.2 NA	ME					
STREET ADDRESS				6.3 \$11	REFT,	ADDRESS				
CITY-ST-ZIP				6.4 CIT						
44 Lein back	an entity that the information remains	d with this file	vi door not qualif	u for the		antion at	alad in Section 110 07(3)(i) Florida Statutos	I further costif	that the	7

a on nereby certify that the information supplied with this filling does not quanty 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.

GNY-JUD-CUM