

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H53206 (9)**

1. Corporation Name
THE BEACHCOMBER GROUP INC.



Principal Place of Business: P O BOX 5298, P.O. BOX 43638, JACKSONVILLE FL 32247-298 US
Mailing Address: 1838 SILVER ST. (JACKSONVILLE, FL 32206), P.O. BOX 43638, JACKSONVILLE FL 32247-298 US

3. Date Incorporated or Qualified: **04/19/1985**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **59-2532354**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **BROWNING, VIVIAN C. 1838 SILVER STREET JACKSONVILLE FL 32206**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE: P | NAME: BROWNING, VIVIAN C. STREET ADDRESS: 1838 SILVER ST. CITY-ST-ZIP: JACKSONVILLE FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: V | NAME: JOHNS, JACQUELINE STREET ADDRESS: 1838 SILVER ST. CITY-ST-ZIP: JACKSONVILLE FL | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: T | NAME: KOVALY, MARLENE STREET ADDRESS: 627 GORVE PARK BLVD CITY-ST-ZIP: JACKSONVILLE FL | 2.2 NAME | |
| TITLE: S | NAME: KESTLER, TERRE STREET ADDRESS: 2133 RIO COVE DR CITY-ST-ZIP: JACKSONVILLE FL | 2.3 STREET ADDRESS | |
| TITLE: D | NAME: CARTER, RHONDA STREET ADDRESS: 2774 HERCHEL ST CITY-ST-ZIP: JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE: D | NAME: SIMS, ALYCE STREET ADDRESS: 2841 PARK ST CITY-ST-ZIP: JACKSONVILLE FL | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Marlene Kovaly* MARLENE KOVALY-T 6/27/96 (904) 724-9582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)