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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H53206** (9)
1. Corporation Name
THE BEACHCOMBER GROUP INC.



Principal Place of Business Mailing Address
P O BOX 5298 **1838 SILVER ST. (JACKSONVILLE, FL 32206)**
P.O. BOX 43638 **P.O. BOX 43638**
JACKSONVILLE FL 32247-298 **JACKSONVILLE FL 32203-3638**
US **US**

3. Date Incorporated or Qualified **04/19/1985** 3a. Date of Last Report **07/02/1996**

2. Principal Place of Business 2a. Mailing Address
21 **PO box 5298** 26 **50 beachcomber way**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
23 **Jacksonville, FL** 28 **ST. AUGUSTINE, FL**
City & State City & State
24 **32247-298** 25 **DUVAL** 29 **32095** 30 **ST Johns**
Zip Country Zip Country

4. FEI Number **59-2532354** 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**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BROWNING, VIVIAN C.
1838 SILVER STREET
JACKSONVILLE FL 32206
81 Name **BROWNING, VIVIAN C.**
82 Street Address (P.O. Box Number is Not Acceptable)
50 BEACHCOMBER WAY
83
84 City **ST. AUGUSTINE** FL 85 Zip Code **32095**

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 *Marlene J. Kovaly* **Marlene J. Kovaly, Treasurer** DATE **4/5/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNING, VIVIAN C.	1.2 NAME	
STREET ADDRESS	1838 SILVER ST.	1.3 STREET ADDRESS	50 beachcomber way
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL, 32095
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, RHONDA	2.2 NAME	
STREET ADDRESS	2774 HERCHEL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVALY, MARLENE	3.2 NAME	
STREET ADDRESS	627 GORVE PARK BLVD	3.3 STREET ADDRESS	627 GROVE PARK BLVD
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL, 32216
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESTLER, TERRE	4.2 NAME	
STREET ADDRESS	2133 RIO COVE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, ALYCE	5.2 NAME	
STREET ADDRESS	2841 PARK ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 J. Kovaly* **Marlene J. Kovaly - 4/5/97** (904) 381-3680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)