| OCUMENT # | | Secretar | TMENT OF STATE . Mortham y of State ORPORATIONS | Apr 25 1 Secreta | | |
|---|---|--|--|---|--|---|
| FRAN-BEACH, INC. | H84071 | (0) | | | | |
| cipal Place of Business /ILLAM F. FOODY I ENTRADA PLACE IA RATON FL 33433 | % 67 | ailing Address Willam F. Foody 44 Entrada Place XCA RATON FL 33433-27 | 41 | | | |
| | | | | 3. Date Incorporated or Qualified 11/05/1985 | 3a, Date of Last Re 03/18/1996 | |
| Principal Place of Busines | s 28. | Mailing Address | | 4, FEI Number 59-2615126 | | plied For t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$ \$ | dditional |
| Dity & State | 27 | City & State | ··· | 6. Election Campaign Financing | \$5.00 | May Be |
| Ζιρ | 28 Country | Zıp | Country | Trust Fund Contribution 8. This corporation has liability for in | Added te Added te Added te | |
| 25 | Address of Current Regis | tered Agent | 30 | Florida Statutes | Yes No | |
| FOODY, WILLIAM | T | | 81 Name | | | |
| 6744 ENTRADA P | LACE | | 62 Street Add | fress (P.O. Box Number is Not Acceptab | le) | |
| BOCA RATON FL | . 33433 | | 83 | | | |
| | | | 84 City | | FL 85 Zip C | Code |
| office or registered agen | t or both in the State of Florid | da. Such change was a | uthorized by the coroora | poration submits this statement for the p | t the appointment as i | e iedizieier |
| NATURE | and accept the obligations of | | rida Statutes. | | | registered |
| NATURE Signature, typed or p | and accept the obligations of similed name of registered agent and the OFFICERS AND DIREC | if applicable (NOT | rida Statutes. E: Registered Agent signatura requ 13. | | DATE ERS AND DIRECTOR | S IN 12 |
| NATURE Signature, typed or p | orinited name of registered agent and the OFFICERS AND DIREC | if applicable (NOT | rida Statutes. E: Registered Agent signaturs requ | Jred when reinstating) | DATE | |
| NATURE Signature: typed or p PD FOODY, W FT ADDRESS 6744 ENTR | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | if applicable (NOT | rida Statutes. Registered Agent signature requination of the second statute of the second se | Jred when reinstating) | DATE ERS AND DIRECTOR | <u>S IN 12</u> |
| NATURE Signature: typied or p PD FOODY, WI 6744 ENTR BOCA RATE | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | if applicable (NGT CTORS | rida Statutes. E: Registered Agent signature requinations 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP | Jred when reinstating) | DATE ERS AND DIRECTOR: | S IN 12 |
| NATURE Signature, typed or p PD FOODY, WI 6744 ENTR BOCA RATE | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | if applicable (NOT | rida Statutes. E Registered Agent signsture requination of the second s | Jred when reinstating) | DATE ERS AND DIRECTOR | S IN 12 |
| NATURE Signature: typed or p PD FOODY, WI 6744 ENTR BOCA RATI | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | if applicable (NGT CTORS | vrida Statutes. E Rogislered Agent signatura requination of the signature requination of the signation of the signature requination | Jred when reinstating) | DATE ERS AND DIRECTOR: | S IN 12 |
| NATURE Signature: typed or p PD FOODY, Wi 6744 ENTR BOCA RATI E E1 ADDRESS -S1-21P | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | if applicable (NGT CTORS | Vrida Statutes. E: Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | Jred when reinstating) | DATE ERS AND DIRECTOR: | S IN 12 Additio |
| NATURE Stiphatore, typicd or p PD FOODY, Wi 6744 ENTR BOCA RATI EL ADDRESS (S1 - ZIP) | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | If applicable (NOT CTORS | vrida Statutes. E: Registered Agent signatura requination of the second | Jred when reinstating) | DATE ERS AND DIRECTOR: Change | S IN 12 Additio |
| NATURE Signatore, typicd or j PD FOODY, Wi 6744 ENTR BOCA RATI E E1 ADDRESS -S1-7IP E F1 ADDRESS | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | If applicable (NOT CTORS | Vrida Statutes. Registered Agent signature requiration | Jred when reinstating) | DATE ERS AND DIRECTOR: Change | S IN 12 Additio |
| NATURE Signature, typicd or j PD FOODY, Wi 6744 ENTR BOCA RATI E E1 ADDRESS -S1-7iP | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | If applicable (NOT CTORS | Vrida Statutes. Registered Agent signature requ | Jred when reinstating) | DATE ERS AND DIRECTOR: Change | S IN 12 Additio |
| NATURE Signature, typied or p PD FOODY, Wi 6744 ENTR BOCA RATE E EI ADDRESS | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | n applicable (NOT CTORS DELETE | Vida Statutes. Registered Agent signature requiration 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | Jred when reinstating) | DATE ERS AND DIRECTOR: Change Change Change | S IN 12 Additio |
| NATURE Signature: typed or p PD FOODY, Wi 6744 ENTR BOCA RATI E E1 ADDRESS -S1-21P E E1 ADDRESS -S1-21P E E1 ADDRESS -S1-21P E | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | n applicable (NOT CTORS DELETE | Vrida Statutes. Registered Agent signature requiration | Jred when reinstating) | DATE ERS AND DIRECTOR: Change Change Change | S IN 12 Additio |
| NATURE Signature: typed or p PD FOODY, Wi 6744 ENTR BOCA RATI E E1 ADDRESS -S1-21P E E1 ADDRESS -S1-21P E E1 ADDRESS -S1-21P E | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | n applicable (NOT CTORS DELETE | Vrida Statutes. Registered Agent signature requirations 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME | Jred when reinstating) | DATE ERS AND DIRECTOR: Change Change Change | S IN 12 Addition Addition Addition |
| NATURE Signature: typed or p PD FOODY, Wi 6744 ENTR BOCA RATI E E1 ADDRESS -S1-2iP E E1 ADDRESS -S1-7iP E E1 ADDRESS -S1-7iP | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | n applicable (NOT CTORS DELETE DELETE DELETE DELETE | Vrida Statutes. | Jred when reinstating) | DATE ERS AND DIRECTOR: Change Change Change Change Change | S IN 12 Addition Addition Addition |
| NATURE Signature, synod or p PD FOODY, Wi 6744 ENTR BOCA RATI ELADORESS ST-709 ELADORESS ST-709 ELADORESS ST-709 ELADORESS ST-709 ELADORESS | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | n applicable (NOT CTORS DELETE DELETE DELETE DELETE | VIIda Statutes. Registered Agent signature requiration 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5 | Jred when reinstating) | DATE ERS AND DIRECTOR: Change Change Change Change Change | S IN 12 Additio |
| NATURE Signature, typed or p PD FOODY, Wi 6744 ENTR BOCA RATE BOCA RATE E E1 ADDRESS -S1-70P E E1 ADDRESS -S1-70P E E1 ADDRESS -S1-70P E E1 ADDRESS -S1-70P | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | n applicable (NOT CTORS DELETE DELETE DELETE DELETE | Vrida Statutes. | Jred when reinstating) | DATE ERS AND DIRECTOR: Change Change Change Change Change | S IN 12 |
| NATURE Signature, typed or p PD FOODY, W 6744 ENTR BOCA RATE E E1 ADDRESS -S1-7IP E E1 ADDRESS -S1-7IP | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | It applicable (NOT CTORS DELETE DELETE DELETE DELETE DELETE | Vrida Statutes. | Jred when reinstating) | DATE ERS AND DIRECTOR: Change Change Change Change Change Change Change | S IN 12 Additio |
| NATURE Signature, typed or p PD FOODY, Wi 6744 ENTR BOCA RATI E E1 ADDRESS -S1-7/P E E1 ADDRESS -S1-7/P E E1 ADDRESS -S1-7/P E E1 ADDRESS -S1-7/P | orinied name of reprifered agent and the OFFICERS AND DIREC ILLIAM F. ADA PLACE | It applicable (NOT CTORS DELETE DELETE DELETE DELETE DELETE | Image: Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6 1 TITLE | Jred when reinstating) | DATE ERS AND DIRECTOR: Change Change Change Change Change Change Change | S IN 12 Additio |