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PROFIT CORPORATION ANNUAL REPORT

1999

BETA DEMOLITION, INC.

Corporation Name

DOCUMENT # J21312



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90041 042 ***150.00

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Principal Place of Business Mailing Address						1			
1970 SW 52ND : DAVIE FL 33314	52ND ST #305 4970 SW 52ND ST #305 33314 DAVIE FL 33314		ST #305			DO NOT WRITE IN THIS SPACE			
JS	<u>}</u>	US				3. Date incorporated or Qualifed 06/26/1986			
2 Principal Pla	ace of Business	2a. Mailing Add	ress			4. FEI Number	\ <u>-</u>	oplied For	
Z. Fillicipai Fie	Principal Place of Business 2a. Mailing Address 26			<u>59-2693820</u>		59-2693820		ot Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #	t, etc.			5. Certifcate of Status Desired	T	Additional equired	
City & State		City & State		"		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
3	Country	Zip	Co	ountry		8. This corporation owes the current	year Intangible		
Zip	∳ r——	29	30			Personal Property Tax.	Yes	□No	
24]	9. Name and Address of Curr					10. Name and Address of New Regi	stered Agent		
CEVE		ent Regional ou / gene		81 Nar			<u> </u>		
1278	YER, CLIFFORD 781 MARSH LANDING					ss (P.O. Box Number is Not Acceptable		Fig. 15	
PALN	M BEACH GARDENS FL 33418	,		83			多数142 / 1981/20	Kalanan	
				84 City	у		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Flo ate of Florida. Such cha	rida Statutes, the	above-nan	ned corpo orporation	pration submits this statement for the purn's board of directors. I hereby accept the	pose of changing it e appointment as r	s registered egistered	
agent. I a	egistered agent, or both, in the Sig m familiar with, and accept the obl	ligations of, Section 607	7.0505, Florida Si	atutes.			•		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registe	red Agent signa	ture required		DATE		
12.	OFFICERS	AND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFIC			
TITLE	Р		DELETE 1.	TITLE			☐ Change	Addition	
NAME	GEYER, CLIFFORD		1.2	2 NAME	.				
STREET ADDRESS	40704 MADOLL LANDING		1.3	3 STREET ADDR	ESS	•		1	
CITY-ST-ZIP	PALM BEACH GARDENS FL		1/	4 CITY-ST-ZIP			☐ Change	Addition	
TITLE			DELETE 2.	1 TITLE	İ		Change	Addition	
NAME	1		2.5	2 NAME		•			
STREET ADDRESS	i sair		2	3 STREET ADDF	RESS		•		
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.	4 CITY-ST-ZIP			Change	Addition	
TITLE			DELETE 3.	.1 TITLE		3	☐ Change	LIAGORON	
NAME			3.	2 NAME			• • • • • • • • • • • • • • • • • • • •		
STREET ADDRESS			3.	.3 STREET ADDI	RESS	and the second of the second of	11. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .		
CITY-ST-ZIP			3.	4. CITY-ST-ZIP	_			77" ([] //38 1	
TITLE	1		DELETE 4	.1 TITLE			☐ Change	≥ □ Moninou	
NAME			4.	. 2 NAME					
STREET ADDRESS	;		4	3 STREET ADD	RESS	·	•		
CITY-ST-ZIP			4	4 CITY-ST-ZIP				e_	
TITLE		. 0		ATITLE		一一一一一	Chang	e- ' - undingui.	
NAME				.2 NAME			÷-		
STREET ADDRESS	3		1	3.3 STREET ADD			-		
CITY-ST-ZIP	•*			6.4 CITY-ST-ZIP				e	
TITLE			DELETE 6	i.1 TITLE			☐ Chang	e Li vociati	
NAME	1 4		6	3.2 NAME		•			
STREET ADDRESS	s		- 6	3.3 STREET ADO	RESS				
CITY-ST-ZIP	-		6	3.4 CITY-ST-ZIP			uther certify that th	a information	

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 informatic 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: