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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J42452

1. Corporation Name
BEACH PARK OFFICE CENTER, INC.

(9)

FILED Feb 17 1997 8:00am Secretary of State

THE THE REAL PROPERTY OF THE TRANSPORT OF THE PROPERTY OF THE

Principal Place	e of Business		Mailing Address			***************************************		BING BINI AMUK	936H 919H	81811 1081
3418 W. SWANN AVE. TAMPA FL 33609			3418 W. SWANN 1 TAMPA FL 33609-	4646			·			
				i.			3. Date Incorporated or Qualified 11/17/1986	3a, Date 03/04/	of Last R / <b>1996</b>	eport
2. Principal Pl	ace of Business	L:	2a. Mailing Addr	ess		*************	4. FEI Number	A	Ar	pplied For
21		2	26			NOT APPLICABLE		No	ot Applicable	
Suite, Apt	#, etc		Suite, Apt. #,	etc.			5. Certificate of Status Desired			Additional
22		2								equired
City & State		ļ	City & State				Election Campaign Financing \$5.00 May Be			
<b>23</b>   Zip	Countr	2	8[ Zip		Country		Trust Fund Contribution			to Fees
24	25	2		30	n ´		This corporation has liability for in Florida Statutes	ntangible tax ] Yes 🏻 🗎 i		. 199.032,
24	9. Name and Addre			130	<u> </u>		10. Name and Address of New Re			
BAIN	ES, GARY A.			······································	81	Name				
	W. SWANN AVE.									
	PA FL 33609				62	Street Addi	ress (P.O. Box Number is Not Acceptab	ile)		
					63				***************************************	
					84	City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sec egistered agent, or both	tions 607.0502 and	d 607.1508, Florid orida. Such chan- s of Section 607.	da Statutes, i ge was auth	the above orized by	named corp the corporal	ooration submits this statement for the p tion's board of directors. I hereby accep		anging i Iment as	is registered registered
anent Lar	m tamillar with land acc									
agent I ar	m familiar with, and acc	epi ine obligations	3 01, 0000011 007.	usos, Fiorida		•				
agent Lar SIGNATURE	m tamiliar with, and acc	,					red when reinstating)	DATE		
agent Lar SIGNATURE	Signature, typed or printed name	,	tille if applicable RECTORS	(NOTE Re			red when reinstating) ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
agent I ar	Signature, typed or printed nam C	e of registered agent and	tille if applicable RECTORS		gistered Agei			ERS AND D	IRECTOR	IS IN 12
agent I ar SIGNATURE:	Signature, typed or printed name C DPT BAINES, GARY A.	e of registered agent and FFICERS AND DIF	tille if applicable RECTORS	(NOTE Re	gistered Age			ERS AND D		
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4. 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; the I am an officer or director of the capporation 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 inchanged, or on an attachment with an address.

SIGNATURE:

2-11-9

876-4370 (813)