FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 30 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (3)BEACON PROPERTIES, INC. Principal Place of Business Mailing Address -6017 THREERS DRIVE P.O. BOX 3065 **6017 TIMBERS DRIVE** EVERGREEN CO 80439 EVERGREEN, CO DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified **- 11/18/1986** 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 PO BOK 3065 59-2761116 21 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be VERGREZN 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 Yes Yes Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARRABRENDTS, E. L. JR. 6008 MAIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34653** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANG TO OFFICERS AND DIRECTORS IN 12 DELETE 1 1 TITLE TITLE CHEIKHA, KIMBERLY NAME 1.2 NAME CR2E034 6917 TIMBERS 88 VIA CANDELARIA STREET ADORESS 1.3 STREET ADDRESS COTO DE CASA CA 92679 CITY-ST-7IP 1.4 CITY - ST-7IP DELETE Addition Change TITLE 2.1 TITLE HOELDTKE, CLYDE 8 JR. NAME 2.2 NAME 6917 TIMBERS DRIVE STREET ADDRESS 2.3 STREET ADDRESS **EVERGREEN CO 80439** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE Change ___ Addition TITLE . 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP

DELETE

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the receiver or trustee empowered to execute

Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: CLYDE B. HOELDTKE JR

TITLE NAME

STREET ADDRESS

CITY - ST - ZIP

61 DILE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change

retrimption stated in Section 119.0 (3) Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath, that I am an under this report as regarded by Chapter 60. Florida Statutes, and that my name appears in

Addition