

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

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J59197 (0)**

1. Corporation Name  
**WARWICK RUTLAND, INC.**



Principal Place of Business <b>3268 SE FEDERAL HWY STUART FL 34997</b>	Mailing Address <b>3268 SE FEDERAL HWY STUART FL 34997</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3746-48 E. Ocean Blvd.</b>	2a. Mailing Address 26 <b>3746-48 E. Ocean Blvd.</b>
22 <b>Harbour Bay Plaza</b> City & State 23 <b>Stuart, FL</b>	27 <b>Harbour Bay Plaza</b> City & State 28 <b>Stuart, FL</b>
24 <b>34996</b> Zip 25 <b>MARTIN</b> Country	29 <b>34996</b> Zip 30 <b>MARTIN</b> Country

3. Date Incorporated or Qualified <b>02/24/1987</b>	
4. FEI Number <b>59-2781498</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BEAUCHAMP, STANLEY  
14 PERIWINKLE LANE  
STUART FL 34996**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAUCHAMP, STANLEY</b>	
STREET ADDRESS	<b>14 PERIWINKLE LANE</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAUCHAMP, MARTIN</b>	
STREET ADDRESS	<b>2828 SW LAKEMONT PL</b>	
CITY-ST-ZIP	<b>PALM CITY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAUCHAMP, SIMON</b>	
STREET ADDRESS	<b>3798 GW SUNSET TRACE CR</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NEAL, BYRON</b>	
STREET ADDRESS	<b>2190 SE GENOA ST</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>11309 S. Indian River Dr.</b>
3.4 CITY-ST-ZIP	<b>Ft. Pierce, Fl. 34982-7881</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 from an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)