

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

FILED
Feb 02 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **J59197** (0)

1. Corporation Name
WARWICK RUTLAND, INC.

Principal Place of Business

**3268 SE FEDERAL HWY
STUART FL 34997**

Mailing Address

**3268 SE FEDERAL HWY
STUART FL 34997**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1987

4. FEI Number

59-2781498

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **3746-48 E. Ocean Blvd.**

2a. Mailing Address

26 **3746-48 E. Ocean Blvd.**

Suite, Apt. #, etc.

22 **Harbour Bay Plaza**

Suite, Apt. #, etc.

27 **Harbour Bay Plaza**

City & State

23 **Stuart, FL**

City & State

28 **Stuart, FL**

Zip

24 **34996**

Country

25 **MARTIN**

Zip

29 **34996**

Country

30 **MARTIN**

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BEAUCHAMP, STANLEY
14 PERIWINKLE LANE
STUART FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BEAUCHAMP, MARTIN
2828 SW LAKEMONT PL
PALM CITY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEAUCHAMP, SIMON
3798 SW SUNSET TRACE CR
PALM CITY FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEAL, BYRON
2190 SE GENOA ST
PORT ST LUCIE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**11309 S. Indian River Dr.
Ft. Pierce, FL 34982-7831**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

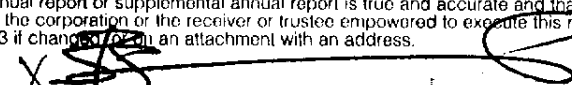
6.2 NAME

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



1/1/98 **FL 34996**

CR2E034 (10/97)