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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K13361

(6)

## BEASLEY CARLISLE MANAGEMENT INC.

FILED Apr 14 1998 8:00am Secretary of State

2/01X

Principal Place of Business Mailing Address					
7031 GRANDNATIONAL DR STE 1088 ORLANDO FL 32819 US	7031 GRANDNATIONAL DR STE 106B ORLANDO FL 32819 US	106B			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
					01/29/1988
2. Principal Place of Business	2a. Mailing Address				4. FEI Number Applied For
21 26					59-2873172 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		c.			5. Certificate of Status Desired Section Section 5. Section Section 5. Section
City & State	City & State				B. Election Campaign Financing     Trust Fund Contribution     Added to Fees
Zip Country <b>25</b>	Z(p 29 3	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
g, Name and Address of Cui		<u> </u>			10. Name and Address of New Registered Agent
PLOCKI, MICHAEL C. 81 Name					
7031 GRAND NATIONAL DR 106B		ě	B2 S	Street Addres	ss (P.O. Box Number is Not Acceptable)
ORLANDO FL 32819		1	33		
		_	34 (	City	<b>■ 85</b> Zip Code
		ľ	94 (	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 registers	Faginic and title if applicable (NOTE )	Registered	Agenti	signature required	when reinstating) DATE
	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PST	DELETE	1.1 TITE	E		Change Addition
NAME PLOCKI, MICHAEL		1.2 NAME			
STREET ADDRESS 6836 HIDDEN BCH CIR. CITY-ST-ZIP ORLANDO FL		1.3 STREET ADDRESS			
CITY-ST-ZIP URLANDO FL .	DELETE	1.4 CHY-ST-ZIP 2.1 THLE		ZIP	☐ Change ☐ Addition
NAME PLOCKI, MICHAEL		2.2 NAME			- · -
STREET ADDRESS 6636 HIDDEN BCH CIR.		2.3 \$1R	EE1 AD	DDRESS	
CITY-ST-ZIP ORLANDO FL		2 4 011	Y-\$1-	- ZIP	
TITLE	DELETE	3.1 7(1)	.F		Change Addition
NAME		3.2 NAN			
STREET ADDRESS		3.3 STR			
CITY-ST-ZIP	DELETE	3.4 CITY-ST-ZIF 4.1 TITLE		ZIP	Change Addition
NAME	tal office	4. 2 NAI			
STREET ADDRESS		4.3 STR		ODRESS	
CITY-ST-ZIP		4.4 CITY			
TITLE	DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME		5.2 NAN	<b>A</b> E		
STREET ADDRESS		5.3 SIR	EE1 AD	DDRESS	
C(TY-ST-ZIP	[] OFFETE	5.4 CITY		ZIP	Change Addition
TITLE	☐ DELETE	6.1 TITL			☐ Change ☐ Addition
NAME OXFORE A DODUCO		6.2 NAN		DDDC DC	
STREET ADDRESS		6.3 STR			
City-St-ZIP  14.   hereby certify that the information supplie	d with this filing does not qualify for	6.4 City the exer			ection 119.07(3)(i), Florida Statutes. I further certify that the information

14. 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in charged, exemption with an address.

OLONIATURE.