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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06 1997 8:00am Secretary of State

DOCUMENT # K 34431 BEAVER DESIGN, INC

	isign, INC	Beaver Design, Inc. 70 James C. Bieber						
12502 PONY LANE 12502 PO			NV LANE					
HUDSON, FL 34669		12502 PONY LANE HUDSON, FL 34669			1 4		of Last Report	
2. Principa Place	of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-2909137		Not Applicable	
Suite Apt # 6	to.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	5 Additional e Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be ded to Fees	
Zip	Country	Zıp	Country		8. This corporation has liability for in	ntangible tax und	·····	
24	25 Name and Address of Curre	29]	30		Fiorida Statutes L.  10. Name and Address of New Reg	Yes No		
			81	Name	TO. Name and Address of New Hey	hereted wheth		
. 10	MES ( RIE	356						
15	MES C. BIER 1502 PONY W UDSON, FL 3	ANE	82	Street Addi	ress (P.O. Box Number is Not Acceptable	e)		
ام ہ دا	SUZ FORT A	14-1-9	93			· · · · · · · · · · · · · · · · · · ·		
H	UDSON/FL 3	1001	84	City		85	Zip Code	
						FL	,	
office or recent	re provisions of Sections 607.05 stered agent, or both, in the Stat amiliar with, and accept the obli	e of Florida, Such change wa	is authorized by	the corporal	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changii t the appointmen	ng its registered t as registered	
SIGNATURE	at in Typind or profiled hame of registriced a		OTE Registered Agen		vad when reinstating)	DATE		
12.		NO DIRECTORS	13.	t aid. ora. o. odo.	ADDITIONS/CHANGES TO OFFIC	<u> </u>	TORS IN 12	
10 D.	P, T, S	DELETE	1.1 TITLE			☐ Char	TORS IN 12 nge Addition	
MAME BI	IEBER, JAMES	C.	1.2 NAME		•			
STREET ADDRESS 12	EBER, JAMES 1502 PONY LAN UDSON, FL	E	1.3 STREET A	ADDRESS				
	UDSON, FL :	34669	1 4 CITY-ST	- ZIP				
TeT_F		☐ DELETE	2 1 TITLE			L. Char	nge L. Addition	
NAME			2.2 NAME 2.3 STREET A	NDDDCCC				
STREET ADDRESS I			2 4 0/1Y+S1					
OHY ST 78	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	3 1 TITLE	1-2IF		Char	nge Addition	
NAME			3.2 HAME	<u> </u>				
STREET ADDRESS			33STREET A	ADDRESS				
OIY St 701			3.4. CITY - ST	r - 7(P				
TOTAL		DELETE	41 TITLE			L Char	nge L. Addition	
NAM:			4 2 NAME					
SPHEEL ADDRESS			43 STREET A					
£01Y+\$1-20		DELETE	4.4 CHY-ST 5.1 TITLE	- ZIP		Char	nge Addition	
THU! NAME		C) preste	5 2 NAME				1,1	
5 TRELL ADI (% 1%)			5.3 STREET	ADORESS		173	10/017	
00 r S - 7 P			5.4 CITY-ST	1	_	III	4 /X	
1111		☐ DELETE	61 TITLE			LChar	nge 🔲 Addition	
- MAM			6.2 NAME		70000217 -05/12/970112	2231 70018		
STELL ACOUNTY			6.3 STREET	ADDRESS	***165.00	.0 010		
CHY S1 ZIP			6.4 CITY-ST	-ZIP		16.862 27	that the	
enforcement con an	allocated on the annual roport of	r cumplemental genual report.	is true and accu	rate and tha	d in Section 119.07(3)(i), Florida Statutes it my signature shall have the same lega	i effect as il madi	e under oam, that i	
Lab. ac office	ar or cirector of the corporation lack 12 or Block 13# changed,	or the receiver or trustee emp	owered to execu	ute this repo	rt as required by Chapter 607, Florida S	tatutes; and that	my name	
otherns at th	and the bridge layer,	S, S, Lin Gladon Idia With a 1		_	11 0 - 41/	د کی ر	. M	
SIGNATU	RE: (famed	(VI) OT	CER OR DIRECTOR		4-27-97(8	513/546 Dautime Pro	<u>-433</u>	