## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

K35541

DOCUN 1. Comporation	MENT # K3554	41 (7)			
BEEKM	IAN TOWERS, INC.			O SOCIALIS CON DAIN CHAIL CHIN CHARLA CHIN	INDIK BIBRI BIBNI BIBNI BIBNI IBBN
Dupojuol Dipos	of B minnes	Address Address	- "		
Principal Place of Business Mailing Address			W. 277 A 1 1 0		
% WEINTRAUB & WEINTRAUB 1701 W. HILLSBORO BLVD, SUITE 301		% WEINTRAUB & WEINTRAUB 1701 W. HILLSBORO BLVD. SUITE 301			
DEERFIELD B	EACH FL 33442	DEERFIELD BEACH F	L 33442	3. Date Incorporated or Qualified 3a. Date Incorporated or Qualified 3a. Date Incorporated or Qualified 3a.	ate of Last Report
:				1	04/19/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #, etc.		Suite, Apt. #, etc.		59-0073230	Not Applicable
22		27]		Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State 23		City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zu	Country	Zip	Country	8. This corporation has liability for intangible	
24	25   9. Name and Address of Curr	29	30	Florida Statutes Yes No	
<u></u>	9. Name and Address or Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Registere	d Agent
WEINTRAUB, PETER B.					
1701 WEST HILLSBORO BLVD				ess (P.O. Box Number is Not Acceptable)	
SUITE 301			83		
DEEXFIE	LD BEACH FL 33442		<b>84</b> City	F	85 Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the above named corpor	ration submits this statement for the purpose of c rd of directors. I hereby accept the appointment	hanging its registered office
familiar wit	ed agent, or both, in the State of Fic h, and accept the obligations of, Se	orida. Such change was authori ection 607.0505, Florida Statute	zed by the corporation's boar is.	rd of directors. I hereby accept the appointment	as registered agent. I am
SIGNATURE	Signature typed or printed name of registered ag-	act and the depole and	OTE Registered Agent signature required		
12.		ND DIRECTORS	13.	d when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1 1 TITLE		Change Addition
NAME:	MARGEL, SIMON		12 NAME		7
STREET ADDRESS	1070 RUE DE BLEURY		13 STREET ADDRESS	Simon mlayel	,
GHY-\$1-ZIP	MONTREAL, QUEBEC	E DELCIC	14 CHY-ST-ZIP	Server 1	
TITLE NAME	dst Weintraub, Lana R.	DELETE	2 1 TITLE	$\sim$	☐ Change ☐ Addition
STREET ADDRESS	9273 EMERSON AVE		22 NAME 23 STREET ADDRESS	$I$ $\gamma_{1}I$ $+$	1
City S1-ZiP	SURFSIDE FL		2 4 DITY-ST-ZIP	Lana K Wentar	
ULF	DVP	☐ DELETE	3 1 HTLE		☐ Change ☐ Addition
NAME	WEINTRAUB, PAUL		3 2 NAME		
STREET ADDRESS	9273 EMERSON AVE		3.3. STREET ADDRESS	Faul H Wento	
CHY ST ZIP	SURFSIDE FL		3.4 CITY-ST-ZIP	mu a Menna	h
HET. F		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
SIREL* ADDRESS			4.3 STREET ADDRESS		
CITY ST ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		Change Addition
NAME			5.2 NAME		C busines C volument
STREET ADDRESS			5.3 STREET ADDRESS		
City St. 7P			5.4 CITY - ST - ZIP		
1:"LF		☐ DELFTE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C-IY-SI-ZiP 14. Ldo hereby	certify that the information supplier	d with this figure is voluntarily for	6.4 CITY-S1-ZIP	or the exemption stated in Section 119.07(3)(k), F	Torida Statutes I further
certify that	the information indicated on this an	nual report or supplemental and	nual report is true and accura	te and that my signature shall have the same leg	al effect as if made under

SIGNATURE:

305 861 480/ Deytinie Priore #