

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # K35541 (7)
1. Corporation Name
BEEKMAN TOWERS, INC.

Principal Place of Business Mailing Address
% WEINTRAUB & WEINTRAUB % WEINTRAUB & WEINTRAUB
1701 W. HILLSBORO BLVD. SUITE 301 1701 W. HILLSBORO BLVD. SUITE 301
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-1501

3. Date Incorporated or Qualified 09/23/1988 3a. Date of Last Report 02/26/1996
4. FEI Number 59-0073230
5. Certificate of Status Desired \$8.75 Add Fee Required
6. Election Campaign Financing True Fund Contribution \$5.00 Me Added to F
8. This corporation has liability for intangible tax under s. 10 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
WEINTRAUB, PETER B.
1701 WEST HILLSBORO BLVD
SUITE 301
DEERFIELD BEACH FL 33442

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 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 607.0605, 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		DELETE
TITLE	DP	<input type="checkbox"/>
NAME	MARGEL, SIMON	
STREET ADDRESS	1070 RUE DE BLEURY	
CITY-ST-ZIP	MONTREAL, QUEBEC	
TITLE	DST	<input type="checkbox"/>
NAME	WEINTRAUB, LANA R.	
STREET ADDRESS	9273 EMERSON AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	DVP	<input type="checkbox"/>
NAME	WEINTRAUB, PAUL	
STREET ADDRESS	9273 EMERSON AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		Change
1.1 TITLE		<input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		
7.1 TITLE		<input type="checkbox"/>
7.2 NAME		
7.3 STREET ADDRESS		
7.4 CITY-ST-ZIP		

300002185733 Change
-05/20/97--01096--015 c5
***165.00 519197

14. I do 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 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, or on an attachment with an address.

SIGNATURE: *Lana Weintraub*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lana Weintraub

April 28, 1997 (305)
861-4801
Daytime Phone #