

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

FILED

Mar 19 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 # K35541

(7)

1. Corporation Name

BEEKMAN TOWERS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1988

4. FEI Number

59-0073230

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINTRAUB, PETER B.
1701 WEST HILLSBORO BLVD
SUITE 301
DEERFIELD BEACH FL 33442

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | MARGEL, SIMON | |
| STREET ADDRESS | 1070 RUE DE BLEURY | |
| CITY-ST-ZIP | MONTREAL, QUEBEC | |

| | |
|--------------------|--|
| 1.1 TITLE | |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <i>Simon Margel</i> | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | WEINTRAUB, LANA R. | |
| STREET ADDRESS | 9273 EMERSON AVE. | |
| CITY-ST-ZIP | SURFSIDE FL | |

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|--------------------|--|
| 2.1 TITLE | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

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|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <i>Lana R Weintraub</i> | |

| | | |
|----------------|------------------|---------------------------------|
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | WEINTRAUB, PAUL | |
| STREET ADDRESS | 9273 EMERSON AVE | |
| CITY-ST-ZIP | SURFSIDE FL | |

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|--------------------|--|
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

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|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <i>Paul H Weintraub</i> | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

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|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|--------------------|--|
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

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| <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---------------------------------|-----------------------------------|

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

| | |
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| <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---------------------------------|-----------------------------------|

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lana R Weintraub

3-16-98

Date Daytime Phone # 00000000

CP2E034 (10/97)