PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K66736

1. Corporation Name

BEACH HIGHER POWER CORP.

Principal Place of Business Mailing Address									
	IICHAEL HOTEL		C/O PRINCE MICHAEL HOTEL						
2618 COLLINS AVENUE 2618 COLLINS AVENUE MIAMI BEACH FL 33140-4705 MIAMI BEACH FL 33140-4705						DO NOT WRITE IN THIS SPACE			
MIAMI DEACH PL 33140-4705 MIAMI DEACH PL 33140-4700				'		Incorporated or Qualifed			
						7/1989			
Principal Place of Business					4. FEI N			Ap	plied For
21					65-0	102530		/ No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						cate of Status Desired			Additional
27					5. Certii	cate of Status Desired		Fee Re	equired
City & Stat	e	City & State	City & State		6. Electi	on Campaign Financing		\$5.00	
23		28		Trust	Fund Contribution		Added t	to Fees	
Zip Country Zip			Country		1	corporation owes the cur	rrent year Int		п.
24	25	29 30	<u> </u>			onal Property Tax.		☐Yes	□No
	9. Name and Address of Curre	nt Registered Agent	- 04	Ni.	10. Name	e and Address of New	Registered	Agent	
RIID	STYN IUDAH		81	Name					
BURSTYN, JUDAH 2618 COLLINS AVE MB MIAMI BCH FL 33140			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			_	
			83						
14116-31	W DOTT 1 E 00 140		03						
			84	City			FL	85 Zip (Code
44 =						it this statement for the	. –	shanaina ito	rogistored
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	the corpora	ation's board of	directors. I hereby acce	ept the appoir	itment as re	gistered
SIGNATURE									
12.	Signature, typed or printed name of registered age	nnt and title if applicable. (NOTE: Re ND DIRECTORS	13.	t signature requ	uired when reinstating	DONS/CHANGES TO OF	DATE FEICERS AN	D DIRECTO)RS IN 12
TITLE	SPO	DELETE	1.1 TITLE		ADD()	IONO/ONANOCO TO O		Change	Addition
	BURSTYN, EILEEN		1.2 NAME						
NAME	ACT COLL DIG ALTERNATION			ADDOCCO					
STREET ADDRESS			1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE			1.4 CITY-ST-ZIP					Change	Addition
	_							¢age	
NAME	BURSTYN, JUDAH 2618 COLLINS AVE 238			ADDRESS					Ì
STREET ADDRESS				· 1					i
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	1-219				Change	Addition
TITLE		C Deterie	3.2 NAME						
NAME				**************************************					
STREET ADDRESS			3.3 STREET						
CITY-\$T-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	T-ZIP				Change	Addition
TITLE		☐ DELETE						Change	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET						1
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST	r-ZIP				Change	Addition
TITLE		☐ DECE LE	5.1 TITLE 5.2 NAME					□ Griange	
NAME			5.2 NAME 5.3 STREET	ADDRESS					
STREET ADDRESS									
CiTY-ST-ZIP			5.4 CITY-ST 6.1 TITLE	1-ZIP				Change	☐ Addition
TITLE	i	□ DELETE	0.1 TO LE						

6.2 NAME

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charges or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90001 048 ***158.75