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

DOCUMENT # K92845

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BEANY'S OF BOCA, INC.

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FILED Apr 18 1997 8:00am Secretary of State



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BOCA RATON	FL 334 32	80	OCA RATON I	FL 33432-390	X 8							
								• Date Incorporated or Qualific	1 0 00	te of Last F	Dangel	
								3. Date Incorporated or Qualified 06/05/1989		01/1996	Report	
Orlandon D	Place of Rusings		Molling Ade	Venna				4, FEI Number	00/1	_`_		
2. Principal Place of Business			2a. Mailing Address					1 55		- ⊢-	pplied For	
Suite, Apt. #, etc.			26 7 POLO CIRCLE Suite, Apt. #, etc.					65-0152414			ot Applicable	
Lange Control of the			h					5. Certificate of Status Desired			Additional equired	
City & Stat		27	City & State	· -								
`	•		BOCA	. D V.	TON	٠ ٦		6. Election Campaign Financing	rm		May Be	
Zip	Country	28	Zip	I L L				Trust Fund Contribution			to Fees	
			ัฐวปร	LI 1	Coun		BA	8. This corporation has liability for	or intangible	tax under s No	s. 199.032,	
24	25 Name and Address of Curre	29	Jyy -		10)JH	Florida Statutes 10. Name and Address of New				
T01		iiir magis	tereu Agent			B1 Na	ime	10. Name and Address of New	negistered A	-gent		
	VINI, DORIS J.					IVE	iii iie				ł	
7 POLO CIRCLE			82 Street			ect Add	Address (P.O. Box Number is Not Acceptable)					
BO	CA RATON FL 33431				-							
					8	B3						
					-	B4 Ci				85 Zip	Code	
					`	"	. у		FL	63 £10	Code	
11, Pursuant	to the provisions of Sections 607.05	02 and 60	07.1508, Flor	ida Statutes	the abo	ove-nai	ned corp	poration submits this statement for the	purpose of	changing i	ts registered	
oπice or r agent. La	registered agent, or both, in the State om familiar with, and accept the oblig	e of Floric nations of	da. Such cha Section 60	nge was au 7.0505. Flori	thorized da Statut	by the tes	corpora	tion's board of directors. I heroby acc	copt the appo	pintment as	registered	
•		,	,									
SIGNATURE	Signature, typed or printed name of registered as	gent and little	if applicable	(NO1E	Registered A	Agont sig	nature requi	ired when reinstating)	DATE			
12.	OFFICERS AN	ND DIREC	TORS		13.			ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTOR	RS IN 12	
TITLE	PT] [ELETE	1.5 TITLE	E	1			Change	Addition	
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CITY-ST-ZIP					6.4 C/TY	'-ST-ZIP						

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 ennual 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 Brook 13 if changed, or on an attachment with an address. 414162