

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L34243** (0)

1. Corporation Name

BEAVERTURN INVESTMENTS, INC.



Principal Place of Business

Mailing Address

% EILEEN BAKER
21 CENTRAL AVENUE
HASBROUCK HEIGHTS NJ 07604

% EILEEN BAKER
21 CENTRAL AVENUE
HASBROUCK HEIGHTS NJ 07604

3. Date Incorporated or Qualified
11/30/1989

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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Zip

Country

Zip

Country

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4. FEI Number

58-1871452

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYER, WAYNE T.
8930 BAY COVE CT
ORLANDO FL 32819

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 fee applicant

(The Registered Agent signature is required when not stating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PT

☐ DELETE

NAME

BAKER, EILEEN

STREET ADDRESS

21 CENTRAL AVE

CITY-ST-ZIP

HASBROUCK HGTS NJ

TITLE

VS

☐ DELETE

NAME

TURNER, PAMELA E.

STREET ADDRESS

21 CENTRAL AVE

CITY-ST-ZIP

HASBROUCK HGTS NJ

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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11 TITLE

12 NAME

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14 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE:

Eileen Baker EILEEN BAKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96
Date

(201) 641-2800
Telephone Number

CR2E034 (12/95)