

**FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # L42685 (2)**  
1. Corporation Name  
**BEACH STUDIOS, INC.**



Principal Place of Business: **% KATHLEEN M. JAEGER, 121 DELMAR ST, MELBOURNE BEACH FL 32951**  
Mailing Address: **% KATHLEEN M. JAEGER, 121 DELMAR ST, MELBOURNE BEACH FL 32951**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for business details.

3. Date Incorporated or Qualified: **01/10/1990**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2983282**  
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: **JAEGER, KATHLEEN M., 121 DELMAR ST, MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent (11-14) fields for agent information.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, do hereby certify that I am a duly qualified and authorized officer or director of the corporation and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Kathleen M. Jaeger*  
Signature, typed or printed name of registered agent and fee filer (applicable to all filers): **KATHLEEN M. JAEGER** DATE: **4/29/94**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<b>FLOERSCH, GENE P.</b>	1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>121 DELMAR ST</b>	2	
STREET ADDRESS	<b>MELBOURNE BEACH FL</b>	3	
CITY-ST-ZIP		4	
TITLE: <b>D</b>	<b>JAEGER, KATHLEEN M.</b>	5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>121 DELMAR ST</b>	6	
STREET ADDRESS	<b>MELBOURNE BEACH FL</b>	7	
CITY-ST-ZIP		8	
TITLE:		9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10	
STREET ADDRESS:		11	
CITY-ST-ZIP:		12	
TITLE:		13	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14	
STREET ADDRESS:		15	
CITY-ST-ZIP:		16	
TITLE:		17	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18	
STREET ADDRESS:		19	
CITY-ST-ZIP:		20	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 of the corporation, and that the information appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Kathleen M. Jaeger**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **KATHLEEN M. JAEGER**  
DATE: **4/29/94**  
DAYTIME PHONE #: **407 725-5891**

CR2E034 (12/95)