


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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90094 040 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L48766</b>					
1. Corporation Name <b>ROBERT C. BEACH, INC.</b>					
Principal Place of Business <b>4800 S.E. FEDERAL HIGHWAY</b> <b>169</b> <b>STUART FL 34997</b> <b>US</b>			Mailing Address <b>4800 S.E. FEDERAL HIGHWAY</b> <b>169</b> <b>STUART FL 34997</b> <b>US</b>		
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <b>02/09/1990</b> 4. FEI Number <b>65-0180633</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BEACH, ROBERT C.</b> <b>4800 S.E. FEDERAL HIGHWAY 169</b> <b>STUART FL 34997</b>			10. Name and Address of New Registered Agent <b>81</b> Name <b>BEACH, JOHN</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>4332 GOLFERS CIRCLE EAST</b> <b>83</b> <b>B</b> <b>84</b> City <b>PALM BEACH GARDENS FL</b> <b>85</b> Zip Code <b>33410</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>BEACH, ROBERT C.</b> STREET ADDRESS <b>4800 S.E. FEDERAL HIGHWAY, 169</b> CITY-ST-ZIP <b>STUART FL</b>					
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>BEACH, JOHN</b> STREET ADDRESS <b>4332 GOLFERS CIRCLE EAST</b> CITY-ST-ZIP <b>PALM BEACH GARDENS, FL</b> <input checked="" type="checkbox"/> DELETE					
TITLE <b>PALM BEACH GARDENS, FL</b> <input checked="" type="checkbox"/> DELETE NAME <b>33410</b> STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Beach* **John Beach** **2-8-99**

Date

Daytime Phone #

CR2E034 (11/98)