FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							FII	FI))	
COF	PROFIT RPORATION JAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				FILED Jan 15 1998 8:00am Secretary of State			
	MENT # L6274 BEACH SHORES INVESTM	_	(9) NC.				Scorcia			
Principal Place of Business Mailing Address 200 EDWARDS LANE 200 EDWARDS LANE PALM BEACH SHORES FL 33404 PALM BEACH SHORES FL 33404						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
2. Principal P	lace of Business	2a. N	Mailing Address				03/28/1990 4. FEI Number 65-0183194			pplied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Not Applicable Additional Required
City & State 23 Zip	e Country	28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be I to Fees
24 24	25 9. Name and Address of Curre	29		Country 30			This corporation owes or has pa Personal Property Tax due June Name and Address of New Re	30. [] Yes	ntangible No
256 SU TE	OFFI, JAMES A. O TEQUESTA DRIVE ITE 200 QUESTA FL 33469 To the provisions of Sections 607.05	02 and 607	.1508, Florida Statutes	81 82 83 84 84 s, the above	City		s (P.O. Box Number is Not Acceptate ation submits this statement for the party of directors. I hereby acceptance	FL	. `	Code its registered
agent. I a								ot the app	iointment a	s registered
	Signature, typed or printed name of registered ac OFFICERS AN				nt signature	required	when reinstating)	DATE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALE, JAMES DOUGLAS 200 EDWARDS LANE PALM BEACH SHRS FL	O DIRECT	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S'	f		ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	HS IN 12, Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAYERS, ROBERT SCOTT 200 EDWARDS LANE PALM BEACH SHRS FL		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY - S	ADDRESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET	ADDRESS				Change	Addition
TITLE NAME STREET ADDRESS			DELETE	5.1 TITLE 5.2 NAME 5.3 STREET					☐ Change	Addition

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 (business 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.

BECHISTSAYERS

☐ Change ☐ Addition

JAN5/98 561-845-8905

☐ DELETE

CITY - ST - ZIP

STREET ADDRESS

SIGNATURE:

TITLE

NAME