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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # M5026 BEACH ELEVATOR OF BOC				
PALM D	BEACH ELEVATOR OF BOC	K HATON, INC.			
Principal Place of Business Mailing Address) ISBUSENT OUR BINN BOILE UND BINDE NIER EIGH BI	THE BEST OF BUILDING STORE THE BE
4501 OAK CIRCLE			•	DO NOT WOITE IN THE	O CDACE
				DO NOT WRITE IN THI 3. Date incorporated or Qualified	5 SPACE
				04/14/1987	•
2. Principal Pi	face of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2798732	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Faes
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 S. Name and Address of Curren	29 3	0]	Personal Property Tax due June 30. 10. Name and Address of New Registere	X7 Yes No
		it nagistered Agent	81 Name	10. Hame and Address of New Addistant	u Agein
CURY, WILLIAM					
		ress (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33486					
			84 City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp		—
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, to 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 agr		Registered Agent signature requir		
TITLE	OFFICERS AN	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	PST Cury, William				Security Fil vocation
STREET ADDRESS	1491 SW 15TH ST.		1.3 STREET ADDRESS 21	98 Isabel Rd Deste	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	78 2300	
TITLE	VT	DELETE	2.1 TITLE		Change Addition
NAME	SVERCHEK, ROBERT		2.2 NAME		— *
STREET ADDRESS	550 N. OCEAN BLVD., #2		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH. FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		· <u>!</u>
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME (,		4. 2 NAME		:
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		□ vecen	6.1 TITLE		The American
NAME STORES ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I bereby o	certify that the information supplied w	rith this filing does not qualify for	the exemption stated in	Section 119.07(3Vi), Florida Statutes, Literther	certify that the information
14. I 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 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 of 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, over an attachment with an address.					

SIGNATURE:

(561)

FILED

Mar 19 1998 8:00am

Secretary of State