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FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000052 (0)
1. Corporation Name
BEACH DEFENSE FUND, INC.

Principal Place of Business 315 DESOTO STREET HOLLYWOOD FL 33019	Mailing Address 315 DESOTO STREET HOLLYWOOD FL 33019
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent WELSCH, STEVE 315 DESOTO STREET HOLLYWOOD FL 33019	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____		(NOTE: Registered Agent signature required when reinstating)		DATE _____	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE			
NAME	WELSCH, STEVE	1.2 NAME			
STREET ADDRESS	315 DESOTO ST.	1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP			
TITLE	SVD	2.1 TITLE	SVD		
NAME	NATHANSON, RICHARD	2.2 NAME	CYNTHIA BAKER		
STREET ADDRESS	315 DESOTO ST.	2.3 STREET ADDRESS	4590N. OCEAN DR.		
CITY-ST-ZIP	HOLLYWOOD FL 33019	2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019		
TITLE	TD	3.1 TITLE			
NAME	ENEY, DOUGLAS F	3.2 NAME			
STREET ADDRESS	317 PALM STREET	3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019	3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE			
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steve Welsch* 5/21/98 (054) 923 9192

CR2E037 (10/97)