FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P14852** **(8)**

1. Corporation Name

HIGHBEACH, INC.

Principal Place of Business	Mailing Address
% THOMAS E. NEEDHAM 99 FRANKLIN ST. BANGOR ME 04402-0702	% THOMAS E. NEEDHAM 99 FRANKLIN ST. BANGOR ME 04402-0702

3. Date Incorporated or Qualified: **06/16/1987**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **01-0428078** ☐ Applied For ☐ Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 4727
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Portsmouth NH
Zip 24 / Country 25	Zip 29 03802 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	WALSH, MICHAEL P.		12 NAME	Walsh, Michael	
STREET ADDRESS	1755 N CONGRESS AVE		13 STREET ADDRESS	1100 Linton Blvd Ste C-9	
CITY-ST-ZIP	BOYNTON BEACH FL		14 CITY-ST-ZIP	Delray Beach FL 33444	
TITLE	S	☐ DELETE	21 TITLE	S	☒ Change ☐ Addition
NAME	NEEDHAM, THOMAS E..		22 NAME	Needham, Thomas	
STREET ADDRESS	99 FRANKLIN ST.		23 STREET ADDRESS	1100 Linton Blvd Ste C-9	
CITY-ST-ZIP	BANGOR ME		24 CITY-ST-ZIP	Delray Beach FL 33444	
TITLE	TD	☐ DELETE	31 TITLE	TD	☒ Change ☐ Addition
NAME	WALSH, MARK T.		32 NAME	Walsh, Mark	
STREET ADDRESS	1755 N CONGRESS AVE		33 STREET ADDRESS	1100 Linton Blvd Ste C-9	
CITY-ST-ZIP	BOYNTON BEACH FL		34 CITY-ST-ZIP	Delray Beach FL. 33444	
TITLE	VD	☐ DELETE	41 TITLE	VD	☒ Change ☐ Addition
NAME	WALSH, WILLIAM J.		42 NAME	Walsh, William	
STREET ADDRESS	1755 N CONGRESS AVE		43 STREET ADDRESS	1100 Linton Blvd Ste C-9	
CITY-ST-ZIP	BOYNTON BEACH FL		44 CITY-ST-ZIP	Delray Beach FL 33444	
TITLE	D	☐ DELETE	51 TITLE	D	☒ Change ☐ Addition
NAME	WALSH, THOMAS T.		52 NAME	Walsh, Thomas	
STREET ADDRESS	1755 N CONGRESS AVE		53 STREET ADDRESS	1100 Linton Blvd Ste C-9	
CITY-ST-ZIP	BOYNTON BEACH FL		54 CITY-ST-ZIP	Delray Beach FL 33444	
TITLE	V	☐ DELETE	61 TITLE	V	☒ Change ☐ Addition
NAME	LANIGAN, SUZANNE		62 NAME	Lanigan, Suzanne	
STREET ADDRESS	1755 N CONGRESS AVE		63 STREET ADDRESS	1100 Linton Blvd Ste C-9	
CITY-ST-ZIP	BOYNTON BEACH FL		64 CITY-ST-ZIP	Delray Beach FL 33444	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas E. Needham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #