Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90048 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P29759

1. Corporation Name

BEACHS	IDE OF STUART CORP.				
Principal Place	e of Business	Mailing Address			ISMIS MIDIS #5ALS DINIS MEDIS DSRSI 1881
1151 SW 30TH ST P O BOX 1938 STITE E PALM CITY FL 34990 PALM CITY FL 34990 US			DO NOT WRITE IN THIS SPACE		
US 000				3. Date Incorporated or Qualifed	
				06/14/1990	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0174818	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certifcate 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 Fees
Zip	Country	Zip _	Country	8. This corporation owes the current year	ar Intangible WYes □No
24	25	29 3	<u>o) </u>	Personal Property Tax. 10. Name and Address of New Register	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registe	neu Agent
	WG CORP.			ress (P.O. Box Number is Not Acceptable)	
2000 GLADES ROAD, SUITE 400 BOCA RATON FL 33431-7386		83			
			<u> </u>	<u> </u>	85 Zip Code .
			84 City		FL 85 Zip Code
office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was auti	norized by the corporati	poration submits this statement for the purposon's board of directors. I hereby accept the a	se of changing its registered appointment as registered
SIGNATURE					
	Staneture, typed or printed name of registered aget	nt and title if applicable. (NOTE: R	egistered Agent signature require	ed when reinstating) DAT	E
	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: R	egistered Agent signature require 13.	ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	
12.		<u> </u>			
12.	OFFICERS AN	D DIRECTORS	13.		S AND DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE		S AND DIRECTORS IN 12
12. TITLE NAME	PT MCGOOGAN, JAMES R.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		S AND DIRECTORS IN 12 Change Addition
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

(561) 220 - 4333