

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

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35185** (8)
1. Corporation Name
THE BEACH CLUB GENERAL PARTNER LIMITED, INCORPORATED

Principal Place of Business C/O DARYL B. CRAMER, ESO. 250 AUSTRALIAN AVE SO. STE. 201 WEST PALM BEACH FL 33401	Mailing Address C/O DARYL B. CRAMER, ESO. 250 AUSTRALIAN AVE SO. STE. 201 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Daryl B. Cramer, P.A. Suite, Apt. #, etc. 22 515 North Flagler Dr. #910 City & State 23 West Palm Beach, FL Zip Country 24 33401-4325 25 USA		2b. Mailing Address 26 c/o Daryl B. Cramer, P.A. Suite, Apt. #, etc. 27 515 North Flagler Dr. #910 City & State 28 West Palm Beach, FL Zip Country 29 33401-4325 30 USA		3. Date Incorporated or Qualified 08/21/1991	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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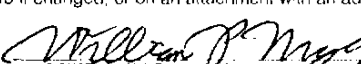
9. Name and Address of Current Registered Agent CRAMER, DARYL B P.A. ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVE., S. #201 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent 81 Name Daryl B. Cramer, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 515 North Flagler Dr. 83 Suite 910 84 City West Palm Beach FL 85 Zip Code 33401-4325			
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11. Pursuant to the provisions of Sections 607.0505 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 **4/28/98**
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD MYERS, WILLIAM P.	9030 LESLIE STREET, #308	RICHMOND HILL, CANADA				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	STD LUCCHESI, FABRIZIO	9030 LESLIE STREET, SUITE 308	RICHMOND HILL, ONT., CANADA				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **William P. Myers, President** **4/20/98** **905-888-1212**

CP2E034 (10/97)