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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P35185 1. Corporation Name

Principal Place of Business

THE BEACH CLUB GENERAL PARTNER LIMITED, INCORPOR **ATED**

Mailing Address

515 N. FLAGLER DR. #910 WEST PALM BEACH FL 33401-4325		C/O DARYL B. CRAMER. ESO. 515 N. FLAGLER DR. #910 WEST PALM BEACH FL 33401-4325 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/21/1991			
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26		xNOTx APPRICABLE 65-0652834	, 1	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional	
22		27				Fee F	Required
City & State	e ·	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	Zip C	Country		8. This corporation owes the current year, Into		*Nesos.
24	25 29 30			Total Transfer of the Control of the			X No
····	9. Name and Address of Current	Registered Agent		r-:.	10. Name and Address of New Registered	lgent	
004	MER, DARYL B P.A.		81	Name	•		
515		82	Street	Address (P.O. Box Number is Not Acceptable)			
SUITE 910			83				Ì
WES	T PALM BEACH FL 33401-4325		84	City	FL	85 Zip	o Code
affina ar r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida. Such change was authori	zea nv	THE CORD	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoin	manging r itment as i	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Regist	ered Agen	nt signature i	required when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	☐ DELETE 1	.1 TITLE		•	☐ Change	e 🔲 Addition
NAME	MYERS, WILLIAM P.	1	2 NAME		·		
STREET ADDRESS	9030 LESLIE STREET, #308	1	.3 STREET	TADORESS	1		
CITY-ST-ZIP	RICHMOND HILL,CANADA		4 CITY-S	T-ZIP			
TITLE	STD	☐ DELETÉ 2	.1 TITLE			Change	e
NAME	LUCCHESE, FABRIZIO	2	.2 NAME				
STREET ADDRESS	9030 Leslie Street, Suite 30		3 STREET	TADDRESS			
CITY-ST-ZIP	RICHMOND HILL, ONT., CANAL		. 4 CITY-S	T-ZIP			
TITLE		☐ DELETE 3	.1 TITLE		•	☐ Change	e
NAME	•	3	2 NAME				
STREET ADDRESS		3	.3 STREET	T ADDRESS			ĺ
CITY-ST-ZIP			.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE ·	.1 TITLE			☐ Change	e 🔛 Addition
NAME	•	4	. 2 NAME				1
STREET ADDRESS	·	4	3 STREE	TADORESS			
CITY-ST-ZIP			4 CITY-S	T-ZIP			
TITLE	,		.1 TITLE			☐ Change	e
NAME			.2 NAME				ļ
STREET ADDRESS	·			TADDRESS			ļ
CITY-ST-ZIP			4 CITY-S	T-ZIP			
TITLE	{	La Decerta	.1 TITLE			Change	e
NAME			.2 NAME				
STREET ADDRESS	ļ	6	3 STREE	T ADDRESS	:[

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 impowered 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 application of the corporation of the receiver of trustee impowered 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 application of the corporation of

6.4 CITY-ST-ZIP

SIGNATURE:

May 04, 1999 8:00 am Secretary of State

05-04-1999 90122 017 ***158.75