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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F

P92000008899 (6)

FILED Jan 27 1998 8:00am Secretary of State

1. Corporation BEACH Principal Place	I MART, INC.	Mailing Address					
1511 RIDGE TOP WAY CLEARWATER FL 34625 1511 RIDGE TOP WAY CLEARWATER FL 34625					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 12/03/1992	THIS SI FASE	
2. Principal P	Place of Business 2a. Mailing Address				4. FEI Number	A	pplied For
21	26				59-3157494	N-	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					.5. Certificate of Status Desired	¥ - · · · -	Additional tequired
City & State					6. Election Campaign Financing		May Be
			Countr		Trust Fund Contribution		to Fees
24	25 29 30			B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9, Name and Address of Curre		1901	<u>.</u>	10. Name and Address of New Regi		
	PER, ZVI		81	Name			
1511 RIDGE TOP WAY			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
CL	EARWATER FL 34625		83	 			
				<u> </u>			
			84	City		FL 85 Zip	Code
11, Pursuant office or r agent. I a SIGNATURE	m familiar with, and accept the obliq	pations of, Section 607.0505, Fi	orida Statute	08.	poration submits this statement for the puration's board of directors. I hereby accept	pose of changing in the appointment as	ts registered registered
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Ri OFFICERS AND DIRECTORS		13.	ant signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	P	DELETE 1.17			ADDITIONO, OT VINGEO TO OTTIOE	☐ Change	Addition \$
NAME	LUPER, ZVI		1.2 NAME	1			
STREET ADDRESS CITY-ST-ZIP	OLEADWATER EL		1.3 STREE	T ADDRESS			{ ! !
TITLE	VP	DELETE	2.1 TITLE	31-211		☐ Change	Addition C
NAME	LUPER, HANAN						
STREET ADDRESS	1511 RIDGE TOP WAY CLERWATER FL		2.3 STREE 2. 4 City-	T ADDRESS			
TITLE			3.1 TITLE	01:411		☐ Change	Addition
NAME	-		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP	34.		3.4. CITY -	ST-ZIP			
TITLE	☐ DELETE 4.1 TI		4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	T ADDRESS			-
CITY-ST-ZIP			4.4 CITY-5	ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME]
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		DELETE	5.4 CITY - S	ST-ZIP		☐ Change	Addition
TITLE		LL DELETE	6.1 TITLE			<u>г</u> спапде	☐ WOULDIN
NAME CIDECT ADDRESS			6.2 NAME	T ADDRESS			
STREET ADDRESS							
City-St-ZiP	ertify that the information supplied v	vith this filing does not qualify fo	64 City-S or the exemp		Section 119.07(3)(i). Florida Statutes, I fur	ther certify that the	information

14. I hereby certify that the information supplied with this filling 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.

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1-20-91

812 360-0776