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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000009353 (2)

1. Corporation Name

NORTH BEACH ROAD, INC.

Principal Place of Business

2095 NORTH BEACH ROAD
ENGLEWOOD FL 34223

Mailing Address

2095 NORTH BEACH RD
ENGLEWOOD FL 34223



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1993

4. FEI Number

65-0439383

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELMORE, W K
2045 NORTH BEACH ROAD
ENGLEWOOD FL 34223

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2095 N BEACH RD

83

84

City Englewood

FL

85

Zip Code 34223

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ELMORE, W K
STREET ADDRESS 2045 NORTH BEACH ROAD
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2095 N BEACH RD
1.4 CITY-ST-ZIP Englewood FL 34223 ☐ Change ☐ Addition

TITLE ST
NAME ELMORE, MARGARET H
STREET ADDRESS 2045 N. BEACH RD.
CITY-ST-ZIP ENGLEWOOD FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2095 N BEACH RD
2.4 CITY-ST-ZIP Englewood FL 34223 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

W. K. Elmore
4/15/98

CR2E034 (10/97)