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

Mailing Address

2020 NE 163RD ST SUITE 300

NORTH MIAMI BEACH FL 33162-4970

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2020 NE 163RD ST

SUITE 300



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000014001 (0)

S.W. BEETHOVEN INVESTMENTS, INC.

FILED Apr 01 1997 8:00am Secretary of State

| , Date Incorporated or Qualified 02/24/1993 | 3a. Date of Last Report 03/05/1996 |
|---|------------------------------------|
| , FEI Number | Applied For |

| NORTH MIAMI | BEACH FL 33162 | North Miami Beach Fl | 33162-497 |) | B. Data la secreted or Consider | On Date of Last | Donat |
|--|---|----------------------------------|---|---------------------------------------|---|---------------------------------------|-------------------|
| | | | | | 3. Date Incorporated or Qualified | | |
| 2. Principal Flace of Business 28. Mailing Address | | | | 4. FEI Number | | A | pplied For |
| 26 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 65-0395304 | | ot Applicable |
| Suite, Apt #, etc Suite, Apt #, etc 22 | | | | I & Continue to a Status Decision I I | | Additional equired | |
| City & State | 0 | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23] | | 28 | | | Trust Fund Contribution | | to Fees |
| Zφ | Country | Zip | Cour | ntry | 8. This corporation has liability for i | | s. 199.032, |
| 24 | 25 | 29 | 30 | | | Yes No | |
| | 9, Name and Address of Currer | nt Registered Agent | | | 10. Name and Address of New Re | gistered Agent | |
| FRIE | DMAN, KENNETH A | • | 1 | B1 Name | | | |
| | NE 163RD ST | | } | 82 Street Add | ress (P.O. Box Number is Not Acceptab | ie) | |
| | TE 300 | | 1 | | | | |
| | TH MIAMI BEACH FL 33182 | • | ĺ | 83 | | | |
| | | | - | 84 City | | - 85 Zip | Code |
| | | | | | | FL " | 5000 |
| agent har SIGNATURE | m familiar with, and accept the oblig | ations of, Section 607.0505, Flo | orida Stati | ites. | tion's board of directors. I hereby accep | · · · · · · · · · · · · · · · · · · · | |
| GIVARY CLUB IC | East state. Pypedian consist rase collegistered ag- | | | Agent signature requi | | DATE | |
| .12. | | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | | |
| 1II.£ | PTSD | TT DETELE | 1 1 717 | ľ | | ☐ Change | Addition |
| NAME | WEBER, SHIRLEY | | 1 2 NA | | | | |
| STREET ACORESS | 2020 NE 163 ST, STE 300 | | | REET ADDRESS | | | |
| COA+ 21 - 215 | N MIAMI BCH FL | D | | Y-ST-ZIP | | | 1 1 2 2 2 2 |
| TURLE | | ☐ DELETE | 21 TIT | | | Change | Addition |
| NAME | | | 2 2 NA | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | |
| CHY-\$1-70° | | T Science | | TY-ST-ZIP | | : T &: | Lare |
| TITLE | | ☐ DELETE | 3 1 711 | \ | | [] Change | Addition |
| NAME | | | 3.2 NA | | | | |
| STREET ADORESS | | | | REET ADDRESS | | | |
| CITY: ST-ZIF | | T britze | | TY-ST-ZIP | | 17 65 | 1 4442 |
| TUAE | | ☐ DELETE | 4.1 TIT | | | ☐ Change | Addition |
| NAMÉ | | | 4. 2 N/ | | | | |
| STEELT ADURESS | | | - 1 | REET ADDRESS | | | |
| CHY-S1-ZIP | , | - I no see | | Y-ST-ZIP | | | 4 1 400 |
| Trie | | L DELETE | 5.1 TIT | 1 | | ☐ Change | Addition |
| MAME | | | 5.2 NA | 1 | | | |
| STREET ADDRESS | | | 5.3 ST | REET ADDRESS | | | |
| Crity-St-202 | | | | Y-ST-ZIP | | | |
| 1014 | | ☐ DELETE | 6.1 TiT | LE | | Change | Addition Addition |
| PYA: | | | 6.2 NA | ME | | | |
| STREET ADDRESS | | | 6351 | REET ADORESS | | | |
| C(17.51.70 | | | 6400 | V_ST_7IP | | | |

14. I do 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 a langed, or on 3 i attachmed withyan address.

SIGNATURE: