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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 18 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000051901 (5)**

1. Corporation Name
BELLEAIR BEACH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4695 ULMERTON RD STE 510 CLEARWATER FL 34622 US	4695 ULMERTON RD STE 510 CLEARWATER FL 34622 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/21/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 13555 AUTOMOBILE BLVD	26 13555 AUTOMOBILE BLVD.
Suite, Apt. #, etc. 22 SUITE 510	Suite, Apt. #, etc. 27 SUITE 510
City & State 23 CLEARWATER FL	City & State 28 CLEARWATER FL
Zip / Country 24 34622-3838 25 USA	Zip / Country 29 34622-3838 30 USA

4. FEI Number: 59-3192179 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M
18167 US 19, NO.
SUITE 150
CLEARWATER FL

10. Name and Address of New Registered Agent

91 Name: JOSEPH C. MASON JR.
92 Street Address (P.O. Box Number is Not Acceptable): 17757 US HWY 19 No
93: SUITE 500
94 City: CLEARWATER, 95 FL Zip Code: 34624

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: Joseph C. Mason Jr. 7-11-95
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	1.1 TITLE	☐ Change ☐ Addition
NAME	PARK, ROBERT K II	1.2 NAME	
STREET ADDRESS	127 ALETA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BEACH FL 34635	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PARK, MARY B	2.2 NAME	
STREET ADDRESS	127 ALETA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BEACH FL 34635	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 6-14-95 813-672-7578
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0954207 CP