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 # P93000055051

BEAUX-ARTS, INC.

		•						
Principal Place of Business Mailing Address						- + 100/100/2 118 (010) 11211 00111 00111 00111	ıł B3101 D 1111 001	/#1 #1184 1181 1881
4817 N.E. 23RD AVE 4817 N.E. 23RD AVE						-		
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308						DO NOT WRITE IN THE	0.00405	
US US						3. Date Incorporated or Qualifed	3 SPACE	
						08/05/1993		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
	ace of business	26				65-0427407		Not Applicable
Suite, Apt.	# etc	Suite, Apt, #, etc.				<u> </u>		Additional
22 27						5. Certifcate of Status Desired	Fee F	Required
City & State City & State						6. Election Campaign Financing	\$5.0	0 May Be
23	¬ · — —					Trust Fund Contribution		d to Fees
Zip	Country Zip Cou			try		8. This corporation owes the current year le		_
24	25	29 30	0	_		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	i Agent	
				B1	Name			
CEC CORPORATION				B2	Street Address (P.O. Box Number is Not Acceptable)			
4817 NE 23RD AVE			L					
FT LAUDERDALE FL 33308			1	83				
	•		-		City		85 Zip	p Code
					•	F	<u> </u>	
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		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D DELETE		1.1 TITLE				☐ Chang	e 🗌 Addition
NAME	CRAWFORD, JOANNA E H		1.2 NAM	Æ				
STREET ADDRESS	5795 W. FLAMINGO RD, #251		1.3 STREET ADDRESS		ADDRESS			ı
CITY+ST-ZIP	210 120 15 11 00 100		_	1.4 CITY-ST-ZIP			Chana	e 🔲 Addition
TITLE				2.1 TITLE			☐ Change	B Madillon
NAME	CRATTOND, MANDALL L			2.2 NAME				
STREET ADDRESS	1		2.3 STREET ADDRESS		ADDRESS	• • •		
CITY-ST-ZIP	B10 12 00 11: 00 110			2. 4 CITY-ST-ZIP			☐ Change	e
TITLE	•		3.1 TITL					e Divagilion
NAME			3.2 NAM					
STREET ADDRESS	•				ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP		A HEALTH - WITTER	☐ Change	e Addition
TITLE	_	☐ DELETE	4.1 TITLE					C
NAME	,	9		4. 2 NAME				j
STREET ADDRESS			•		ADDRESS			
CITY-ST-ZIP			4.4 CITY-S		ZIP		☐ Chang	ge 🔲 Addition
TITLE		☐ DELETE	5.1 TITL				C cuarily	- LIVINGION
NAME			5.2 NAM		ADDRESS			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	MILLE BEFORE	— □ DELETE	5.4 CITY 6.1 TITL		-211"		☐ Chang	e 🗀 Addition
TITLE		☐ DELETE						- LAUGINON
NAME			6.2 NAN	nΕ	1			

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 dn an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90087 005 ***150.00