

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 26 PM 2: 13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000070208 (2)**

1. Corporation Name  
**BEACH STREET, INC.**

Principal Place of Business <b>10008 N. DALE MABRY HIGHWAY SUITE 112 TAMPA FL 33618</b>	Mailing Address <b>10008 N. DALE MABRY HIGHWAY SUITE 112 TAMPA FL 33618</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/04/1993</b>	3a. Date of Last Report <b>12/23/1994</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <i>241 West Shore Dr Tampa FL 33606</i>	3b. Federal Number <b>59-3207068</b>	Applied For <input type="checkbox"/> Not Applicable
Suits, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b> <i>TAMPA FL</i>	City & State <b>28</b> <i>TAMPA FL</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b> <i>33606</i>	Country <b>25</b>	Zip <b>29</b> <i>33606</i>	Country <b>30</b> <i>Hillsborough</i>

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**PEREZ, RONALD E  
10008 N. DALE MABRY HIGHWAY  
SUITE 112  
TAMPA FL 33618**

**10. Name and Address of New Registered Agent**

81 Name <b>GREENACRE, JEFFREY L.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>431 GUNN Hwy.</b>
83
84 City <b>TAMPA</b>
85 State <b>FL</b>
86 Zip Code <b>33624</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: *Donna K. Greenacre, President* DATE: **4/1/95**

**12. OFFICERS AND DIRECTORS**

TITLE <b>DP</b>	NAME <b>GREENACRE, DONNA K</b>
STREET ADDRESS <b>1110 HIGHLAND PARK CIRCLE</b>	CITY - ST - ZIP <b>LUTZ FL 33549</b>
TITLE <b>DST</b>	NAME <b>GREENACRE, JEFFREY L</b>
STREET ADDRESS <b>4110 HIGHLAND PARK CIRCLE</b>	CITY - ST - ZIP <b>LUTZ FL 33549</b>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>18803 BIARRITZ</b>	
1.4 CITY - ST - ZIP <b>LUTZ FL 33549</b>	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS <b>431 GUNN Hwy</b>	
2.4 CITY - ST - ZIP <b>TAMPA FL 33624</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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: *Donna K. Greenacre*