

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000077397 (6)

1. Corporation Name  
BEACON WOODS PLAZA, INC.

Principal Place of Business

12350-2 U.S. 19  
HUDSON FL 34667  
US

Mailing Address

12350-2 U.S. 19  
HUDSON FL 34667  
US  
P.O. Box 5745  
34674



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1993  
3a. Date of Last Report 05/01/1996

4. FEI Number 59-3217161  
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

21 1600 Gulf Blvd.

Suite, Apt. #, etc. 22 813

City & State 23 Clearwater, Florida.

Zip 24 33767 Country 25 U.S.

2a. Mailing Address

26 P.O. Box 5745

Suite, Apt. #, etc. 27

City & State 28 Hudson, Florida

Zip 29 34674 Country 30 U.S.

9. Name and Address of Current Registered Agent

STAFFORD, LAURIE  
12350-2 U.S. 19  
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) 13804 Malcolm Ave.  
83  
84 City Hudson FL 85 Zip Code 34667

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

TITLE D  
NAME SFOUGGATAKIS, NICHOLAS A  
STREET ADDRESS 12350-2 U.S. HWY 19 N  
CITY-ST-ZIP HUDSON FL 34674

TITLE  
NAME SFOUGGATAKIS, MARO  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1600 GULF BLVD  
1.4 CITY-ST-ZIP HUDSON FL CLEARWATER FL 33767

2.1 TITLE DIRECTOR  
2.2 NAME MARO SFOUGGATAKIS  
2.3 STREET ADDRESS 1600 GULF BLVD # 813  
2.4 CITY-ST-ZIP CLEARWATER, FL. 33767

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

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

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

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

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 changed, on an attachment with an address.

SIGNATURE [Signature] 04/15/97

CR2E034 (4/97)