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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000085570 (8)**

1. Corporation Name
BEACH STREET LAB, INC.

Principal Place of Business	Mailing Address
915-B RIDGEWOOD AVE HOLLYWOOD FL 32117	915-B RIDGEWOOD AVE HOLLYWOOD FL 32117-3519

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 1275 W. Granada Blvd
Suite, Apt. #, etc. 22: 6B
City & State 23: Ormond Beach, FL
Zip 24: 32174 Country 25: U.S.A

2a. Mailing Address
26: 1275 W. Granada Blvd
Suite, Apt. #, etc. 27: 6B
City & State 28: Ormond Beach, FL
Zip 29: 32174 Country 30: U.S.A.

4. FEI Number: 59-3211652 ☐ 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
BUCKMAN, WENDY C
915-B RIDGEWOOD AVE
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent
81 Name: Buckman, Wendy C.
82 Street Address (P.O. Box Number is Not Acceptable): 1275 W. Granada Blvd
83: Suite 6B
84 City: Ormond Beach, FL **FL** 85 Zip Code: 32174

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, DEBORAH M 915-B RIDGEWOOD AVE HOLLY HILL FL 32117	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Williams, Deborah M. 1275 W. Granada Blvd Suite 6B Ormond Beach, FL 32174 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCKMAN, WENDY C 915-B RIDGEWOOD AVE HOLLY HILL FL 32117	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Buckman, Wendy C. 1275 W. Granada Blvd Suite 6B Ormond Beach, FL 32174 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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, or on an attachment with an address.

SIGNATURE: Wendy Buckman Wendy Buckman 4/28/97 904-677-7899