SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



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

1000
1996

DOCUMENT # P9400000632 (7)						
BEACH	INSURANCE, INC.					
Principal Place of Business Mailing Address				4 ISSUEST INS ISSUE SISTE ESTAT SELLE SELLE	I MOSTE MAINT MAIN BAINN ILEGE ISDE 1805	
1500 NW 49TH ST SUITE 605 FT LAUDERDALE FL 33309		1500 NW 49TH ST SUITE 605 FT LAUDERDALE FL 33309				
				3. Date Incorporated or Qualified 12/27/1993	3a, Date of Last Report 10/13/1995	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
26				65-0459915	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
City & State		City & State				Fee Required
23		<u>├</u> -1			Election Campaign Financing     Trest Fund Contribution	\$5.00 May Be Added to Fees
<b>Ζ</b> φ	Country	Zip	Zip Country		B. This corporation has liability for intangible tax under si 199 032	
24	25	29	F '		Florida Statutes Yes No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	istered Agent
BEA	ACH, MICHAEL H		61	Name		
	O NW 49TH ST		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
SUF	TE 605		83			
FT	LAUDERDALE FL 33309		63			
			84	City		FL 85 Zip Code
11. Pursuant te	o the provisions of Sections 607 t	0502 and 607, 1508, Florida Statu	tes, the above-	named corr	oration submits this statement for the pur	·   !
agent. I an SIGNATURE	n familiar with, and accept the ob-	iligations of, Section 607.0505, F	lorida Statutes	·	on's board of directors of hereby accept to	(DATE
12.	<del></del>	AND DIRECTORS	13.	a signature requi	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	DELFTE	1 1 THTLE			Change Add tion
NAME	BEACH, MICHAEL H.		1.2 NAME			
STREET ADDRESS	1500 N.W. 49TH ST., SUIT	TE 605	13 STREET	ADDRESS		•
CITY-ST-ZIP	FT. LAUDERDALE FL		14 CITY - ST	î ZIP		
TITLE		DELETE	2 1 TaTLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET.			
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 3 1 TITLE			Change Addition
NAME		32 NA				
STREET ADDRESS			3.3 STREET.	ADDRESS		
CITY-ST-ZIP	The state of the s		34 CITY :			The state of the s
THLE		DELETE	4.1 TITLE		,	Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET			
TITLE		DELETE	4.4 C(TY - ST - 7)P 5.1 T(TLE			Change Addition
NAME		beccit	5 2 NAME			C o lange C F Addition
STREET ADDRESS			53 STREET	ADDRESS		
DITY - ST - ZIP			54 CITY - SI			
TITLE		DELETE	61 TITLE			Change Addition
NAME			6.2 NAMÉ			
STREET ADDRESS			63STREET	ADDRESS		
CITY-ST-Z-P			6 4 CITY - S1			
further cer	tify that the information indicated	Lon this annual report or suppled	iental annual re	eport is true :	lify for the exemption stated in Section 11 and accurate and that my signature shall d to execute this report as required by Cl	have the same legal effect as if

that my name appears in Block 12 or Plock 13 if changed, or on an authornment with an address

SIGNATURE: 4 7