

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 25 1997 8:00am  
Secretary of State

DOCUMENT # P94000000763 (0)

1. Corporation Name

BEACON CAPITAL GROUP, INC.

Principal Place of Business

1343 MAIN ST  
5TH FLOOR  
SARASOTA FL 34236  
US

Mailing Address

1343 MAIN ST  
5TH FLOOR  
SARASOTA FL 34236-5627  
US

3. Date Incorporated or Qualified  
01/05/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 7005 Saddle Creek Circle  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 SARASOTA FL

27 City & State

28 SARASOTA FL

24 Zip

25 34241

Country

26 USA

29 Zip

30 34236

Country

31 USA

4. FEI Number

59-3232428

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

BROWNING, ROBERT ESQ  
1800 SECOND ST.  
STE 755  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 PT ☐ DELETE

NAME FICHERA, ALFRED J JR  
STREET ADDRESS 7005 SADDLE CREEK CIRCLE  
CITY - ST - ZIP SARASOTA FL

TITLE DVS ☒ DELETE

NAME PIERCE, DAVID C  
STREET ADDRESS 4102 HEARTH STONE DR  
CITY - ST - ZIP SARASOTA FL

TITLE DV ☒ DELETE

NAME MORRIS, GORDON J  
STREET ADDRESS 1859 BUCANNEER PL  
CITY - ST - ZIP SARASOTA FL

TITLE V ☒ DELETE

NAME CLARK, CHARLIE  
STREET ADDRESS 828 IDLEWILD DR.  
CITY - ST - ZIP SARASOTA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

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

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 a 1 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97

941-925-3943

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