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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P9400003487 (3)

BEACH ACCESS REALTY MANAGEMENT INC.

Principal Place of Business Mailing Address - 6262 Emerson 14955 GULF BLVD P. O. BOX 86144 MADEIRA BEACH FL 33738 St ldersburg 7/ 33707

FILED May 07 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/07/1994 Applied For 2. Principal Place of Business FEI Number 59-3218235 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Z(0)8. This corporation owes or has paid the current year Intangible 25 //nellas 29
Name and Address of Current Registered Agent Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent ROSS, JUDITH A ROSS, JUDITH A 14955 BULF BLVD. U262 EMERSON ADUST MADEIRA BEACH FL 33708 St Puters burg H 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 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 egistered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or egistered agent. If an familiar with, and accept the obligations of Section 607,005, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change 111016 TITLE 6262 Emeron Aus ROSS, JUDITH A NAME 1.2 NAME 129 20 AVE. N. STREET ADORESS 1.3 STREET ADDRESS ST. PETERSBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE **WAGNER, DECIL L** NAME 2.2 NAME 129 20 XVE N 2.3 STREET ADDRESS STREET ADDRESS STJPETERSBURG FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STHEET ADDRESS 6.4 C/TY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 expowered to excute this report as required by Chapter 607, Florida Statutes; and that my name appears in