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



PROFIT CORPORATION ANNUAL REPORT 1998 PROFIT CORPORATION ANNUAL REPORT 1 P9400012723 (0) BEVILLE CORPORATION									Apr 14 1998 8:00am Secretary of State			
Principal Place of Business Mailing Address 877 QUAIL RUN ORMOND BEACH FL 32174 US US Mailing Address 877 QUAIL RUN 07MOND BEACH FL 32174 US							4		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1994			
2.	Principal Pl	ace of Busi	ness		Mailing Add	ress		,	4. FEI Number		Applied For	
21	Suite, Apt.	# etc		26	Suite, Apt. I	V etc			59-3228621		Not Applicable Additional	븨
22				27					5. Certificate of Status Desired		Required	
	City & State	. State			City & State			·· ····	6. Election Campaign Financing		O May Be	7
23	Zip	Country			Zip Country			· · ·	Trust Fund Contribution 8. This corporation owes or has paid the		d to Fees	\dashv
24			25	29	- (-	[30	,	Personal Property Tax due June 30.	Yes	No No	1
			and Address of Curr R. MICHAEL	ent Regis	tered Agent		8	Name	10. Name and Address of New Register	ed Agent		\Box
1	Pursuant t office or re agent. I ar	o the provis egistered ac n familiar w						City ve-named copy the corporas.	orporation submits this statement for the purpos ration's board of directors. I hereby accept the	e of changing appointment a	p Code I its registered as registered	
<u> </u>		Signature, typed	For printed name of registered OFFICERS A			(NOTE	_	ent signature rec	quired when reinstating) DAT		200 11 40	16
12		VP	OFFICENS	MALY DINEC		ELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change		
w		OPPEN	HEIMER, MICHAEL				1.2 NAME					13
STF	REET ADDRESS		iail Run				1.3 STREI	T ADDRESS				18
	Y-ST-ZIP		ID BEACH FL		· · · · · · · · · · · · · · · · · · ·		1.4 CITY	ST-ZIP				[§
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NA	ME REET ADDRESS		er, scott Land Oaks Trail				2.2 NAME	T ADDRESS				
1	Y-ST-ZIP		ID BEACH FL				2.4 CITY	1				1
TITE		डा				DELETE	3.1 TITLE	-31-2#		☐ Change	Addition	<u></u>
NA	ME		Heimer, Brian i M				3.2 NAME	-				- [
STF	REET ADDRESS		NGWOOD TRAIL				3.3 STREE	T ADDRESS				
	Y-ST-ZIP	OHMON	ID BEACH FL			FLETC	34, CITY			Change	A delikio	_
TITI					، ب	ELETE	4.1 TITLE 4. 2 NAM			LJ Change	Addition	' }
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ι .	Y-ST-ZIP						4.4 CITY-	(1
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NAI							5.2 NAME	- 1				l
	REET ADDRESS							T ADDRESS				
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NV	ł ·				L 1		6.2 NAME	- 1		onenge	, Lucility and the	` {
1	EET ADDRESS							T ADDRESS				

14. Thereby certify that the information supplied with this filling 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 receive 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 per an autochipful with an address.

904-760-6444

FILED