

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000024799 (6)

1. Corporation Name

BEECH ANNUALS, INC.



Principal Place of Business

756 BEACHLAND BLVD
VERO BEACH FL 32963

Mailing Address

756 BEACHLAND BLVD
VERO BEACH FL 32963

2. Principal Place of Business

2a. Mailing Address

21 5400 87TH STREET

26 1385 RIVER RIDGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WABASSO, FL

28 VERO BEACH, FL

24 Zip 32970

Country INDIAN RIVER

29 Zip 32963

Country INDIAN RIVER

9. Name and Address of Current Registered Agent

COLLINS, GEORGE G JR.
756 BEACHLAND BLVD
VERO BEACH FL 32963

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

03/14/1995

4. FEI Number

59-3237712

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

10. Name and Address of New Registered Agent

81 Name HMIELEWSKI, CHARLES P.

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

1385 RIVER RIDGE DR.

83

84 City

VERO BEACH

FL

85 Zip Code

32963

11. Pursuant to the provisions of Sections 607.0507 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

Charles P. Hmielewski

CHARLES P. HMIELEWSKI P/D

4/11/96

Signature, typed or printed name of registered agent and the date of appointment

(NOTE: Registered Agent Signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HMIELEWSKI, CHARLES
STREET ADDRESS 1385 RIVER RIDGE DR
CITY-ST-ZIP VERO BEACH FL 32963 ☐ DELETE

TITLE STD
NAME HMIELEWSKI, SHARON
STREET ADDRESS 1385 RIVER RIDGE DR
CITY-ST-ZIP VERO BEACH FL 32963 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 32963

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32963

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sharon Hmielewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON HMIELEWSKI 4/11/96 (407)234-4772
DATE PHONE #

CR2E034 (12/95)