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

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

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 17 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000024799 (6)

BEECH ANNUALS, INC.

Principal Place of Business Mailing Address				L EBBISANT SID INTEL BINIT MATER BRITT BRITT BRITT	& HIRAY OFOLY LODIN TOTAL TOTA (DOI	
\$400 87TH STREET WABASSO FL 32970 US		1385 RIVER RIDGE DRIVE VERO BEACH FL 32963 US		DO NOT WRITE IN TH	HIS SPACE	
00		US			3. Date Incorporated or Qualified	
					03/28/1994	
2. Principal P	2a. Mailing Address			4, FEI Number	Applied For	
21	4 44-	26	. <del>,</del>		59-3237712	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		Zip Country		Trust Fund Contribution  B. This corporation owes or has paid the	Added to Fees	
24	25 29		30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent
	MIELEWSKI, CHARLES P.		81	Name		
1385 RIVER RIDGE DRIVE VERO BEACH FL 32963			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508 Florida Statute	es the above	e-named c	corporation submits this statement for the purpose	e of changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a	uthorized by	the corpo	oration's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	an parimo with the constitution	juliono di Cooddin 007.0000, 170	nica olalolo.	,,		
SIGNATURE	Signature, typed or printed name of registered ag	gent and little if applicable (NOTE	Registered Ago	rit signature re	equired when reinstating) DAT	E
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	L_] DELETE 1.1 T				Change Addition
NAME	HMIELEWSKI, CHARLES	1.2 NAME				
STREET ADDRESS	1385 RIVER RIDGE DR	1.3 STREET ADDRESS				
CITY+ST-ZIP	VERO BEACH FL	DELETE.	1.4 C(TY-ST-ZIP			D 05 D 44495
TITLE	STD	☐ DETEIF	DELETE 2.1 TITLE			Change Addition
NAME	HMIELEWSKI, SHARON		2.2 NAME			
STREET ADDRESS 1385 RIVER RIDGE DR		2.3 STREET ADDRESS		27 N		
CITY-ST-ZIP	VERO BEACH FL	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE			Change Addition
TITLE			• • • • • • • • • • • • • • • • • • • •			☐ Change ☐ Addition
NAME	NOTE:		3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP	- ZIP DELETE		3.4. CITY - S	iT-ZIP	<del></del>	Change Addition
TITLE	■ "		4.1 TITLE			C Change C Accaron
NAME CTPCCT ADDRESS			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP			4 4 CiTY-S	T-ZIP		Change Addition
TITLE			51 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		Observe T 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		i

6.4 CITY-ST-ZIP 14. I 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 correlation or the receiver of 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 chapted, or on an attaching the with an address.