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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90070 044 \*\*\*150.00

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000024799

. Corporation Name

SIGNATURE:

BEECH ANNUALS, INC.

Principal Place	of Business	Mailing Address				
5400 87TH STREET 1385 RIVER RIDGE DRIVE						
WABASSO FL 32970 VERO BEACH FL 32963						DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualifed
						03/28/1994
0 0 in in 1 Bh	- A Division of Di	2a. Mailing Address				4. FEI Number Applied For
2. Principal Pla	<b>├</b> ──	aming Address			59-3237712   Not Applicable	
Suite, Apt. #	Suite, Apt. #, etc.	Suite Ant # etc			\$8.75 Additional	
<del>-</del>	+, etc.	27	Suite, Apr. #, etc.			5. Certificate of Status Desired Fee Required
City & State			City & State		-	6. Election Campaign Financing \$5:00 May Be
23		28	ı <sup>*</sup>			Trust Fund Contribution Added to Fees
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible
24 25 29		29	30			Personal Property Tax. ☑Yes ☐ No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
				81 Name		
	LEWSKI, CHARLES P.		82 Street Addre		Street Ad	dress (P.O. Box Number is Not Acceptable)
	RIVER RIDGE DRIVE		50007700			
VERC	D BEACH FL 32963		ĺ	83		
			}	84	City	85 Zip Code
				` <b>\</b>	•	FL
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	rf Florida. Such change was auti	horized	DV I	he corpora	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered /	Agent	signature requ	red when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[] DELETE	1,1 1111	ιε		☐ Change ☐ Addition
NAME	HMIELEWSKI, CHARLES		1.2 NAME		1	
STREET ADDRESS	AAAE DIEED BIDGE DD		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963		1.4 CITY-ST-ZIP		-ZIP	
TITLE	STD					☐ Change ☐ Additio
NAME			2.2 NA	ME		
STREET ADDRESS	ARREST DIDOE DO		2.3 STREET ADDRESS		ADORESS	
CITY-ST-ZIP	VEDO DEACUEL 320/3		2. 4 CITY-ST-ZIP -		r-ZiP	·
TITLE	VERO BENOTTE: 200	DELETE	3.1 TITLE			Change . Additio
NAME	Laplace Market State State		3.2 NAME		ļ	
STREET ADORESS	3		3.3 ST	3.3 STREET ADDRESS		
i			3.4. CI	TY-ST	r-zip	
CITY-ST-ZIP			4.1 TIT			☐ Change ☐ Addition
NAME			4, 2 NAME			
STREET ADDRESS	ESS 4.3:		4.3 ST	REET	ADDRESS ]	
CITY-ST-ZIP			4	ry-st		· _
TITLE	☐ DELĒTE 5		4	5.1 TITLE		Change Addition
NAME			5.2 NA	ME	[	
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP			5.4 CH	TY-ST	-ZIP	
TITLE		DELETE	6.1 TI	ΓĖ		☐ Change ☐ Addition
NAME	-		6.2 NA	ME		
			6.3 ST	REET	ADDRESS	
CITY-ST-7IP	CITY, ST-7IP		6.4 CITY-ST-ZIP			
44	- 45 . 45 45 4 hind otion of police unit	h this filing does not qualify for t	he exer	mptic	on stated i	n Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of	on this manual tanast at supplemental	annual report is true and accurate ver or trustee empowered to exc	ate and ecute th	tnat is re	my signat port as re	ure shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in