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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT # P94000025409 (1) BEACH BROKERS, INC.												
								T TREATMENT AND ARTHUR ENGLISH BERKAL BERKAL BERKAL BARKER BARKER BARKER BARKER BARKER BARKER BARKER BARKER BARKER				
Principal Place of Business Maling Address												
9920 GULF BOULEVARD			9920 GULF BOULEVARD									
TREASURE IS	SLAND FL 33706			ISLAND FL 33	3706							
			···-	····				3. Date Incorporated or Qualifie 03/30/1994	_ ••••	e of Last 5/01/19	•	
2. Principal Pi	ace of Business		2a. Maiting Ar	ddress				4, FEI Number			Applied For	
Suite, Apt.	#. etc.		Suite, Apt	t. #, etc.				59-3302780		<u> </u>	Not Applicable 5 Additional	
22			27					5. Certificate of Status Desired			Bequired	
City & State	9 		Orty & Sta	ite	•			Election Campaign Financing Trust Fund Contribution		-	00 May Be led to Fees	
Zip 24	25	Country]	Ζφ 29		Country			8. This corporation has liability to		ax under	s 199.032.	
27		d Address of Curren			30			Florida Statutes 10. Name and Address of New	es No	Acont	·	
			····· · · · · · · · · · · · · · · · ·		81	Name	 	TO, THAT BUT HOUSE OF THE	negistered	ABent		
JOHNSON, NOEL ANN						Stront	. Addies	s (P.O. Box Number is Not Accep	taha)			
9920 GULF BOULEVARD TREASURE ISLAND FL 33706							as the contramed to Not recep					
IREASU	he island fi	. 33706			83							
					84	City				85 2	Zip Code	
11. Pursuant t	to the provisions	of Sections 607.0502	and €07.1508. Flo	rda Statutes	the above r	amed c	oroocat	on submits this statement for the	FL			
		h, in the State of Florid is obligations of, Section			by the corp	oration's	s board	ion submits this statement for the j of directors. Thereby accept the a	opointment as	anging its Fregistere	registered onice ed agent I am	
SIGNATURE	Will	Johnson		ad Clotteres.								
40	Styriative typed or pe	ob Table of teatherst agent a		iti ti	Registered Ajor	l signature	request w		CMTE			
12.	D	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	DELETE	13.		-т	ADDITIONS/CHANGES TO C				
NAME	JOHNSON,	KEVIN P	ш,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 T-TLE 1.2 NAME				L	Change	- Addition	
STREET ADDRESS		BOULEVARD			1.3 STREET	ADDRESS	}					
CITY - ST - ZIP		ISLAND FL 33706			14 CITY S							
TITLE	7,5,2,2,2,2			IEL E I Ł	2 1 TIILE		************			Change	Addition	
NAME					2.2 NAME				·			
STREET ADDRESS					23 STREET	ADORESS.						
CITY - ST - ZIP					24 CITY - S	le ZIP	ļ					
TITLE NAME			[] t.)ELETE	3 1 TITLE					Change	☐ Addition	
STREET ADDRESS					3 2 NAME							
CITY - ST - ZiP					33 STREET		`					
TITLE	· · · · · · · · · · · · · · · · · · ·			ELETE	3 4 City - Si 4 1 Title	I · ZIP				Change	☐ Addition	
NAME			<u></u>		4.2 NAME						☐ Acquito-i	
STREET ADDRESS	•				43 STREET	ADDRESS						
CITY-ST-ZIP		- <u>-</u>			4 4 CITY - ST	·ZIP						
TITLE				ELETE	5 1 TITLE					Change	☐ Addition	
NAME					5.2 NAME			2000019	400	7.0		
STREET ADDRESS					5 3 STREET	ADDRESS		-05/28/9601	.03603	39		
CITY - ST - ZIF TITLE	L			C. C. I.C.	5 4 CiTY - \$1	ZIP	ļ	8000018 -05/28/960; ***205.00		- -		
NAME				ELETE	6 I TITLE				<u> </u>	Change	Addition	
STREET ADDRESS					6.2 NAME	antine con			اے	II	70	
CHV.St. 7IP					6 3 STREET	AUDRESS			>	1,1	11	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119 C7(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: Kevin P Johnson Lewis Phuse 4 (20/96 813 360587)