FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

95 ... SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000026598 (0)

1. Corporation Name
BEACH BEEPERS, INC.

Principal Place of Business: 701-71ST STREET, MIAMI BEACH FL 33141

Mailing Address: 701-71ST STREET, MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 04/07/1994

3a. Date of Last Report:

2. Principal Place of Business — 21, Suite, Apt #, etc. 22, City & State 23, Zip 24, County 25

2a. Mailing Address — 26, Suite, Apt #, etc. 27, City & State 28, Zip 29, County 30

4. FEI Number: 65-0481030 ☐ 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

9. Name and Address of Current Registered Agent

CARRANZA, TERESITA
6446 S.W. 15TH ST.
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CARRANZA, TERESITA
STREET ADDRESS	6446 S.W. 15TH ST.
CITY-ST-ZIP	MIAMI FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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)(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 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: [signature] Director 4/10/95 (305) 865-1125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0151017 CP

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000026819 (0)

1. Current Name
WATERSIDE VILLAGE REALTY OF VENICE, INC.

Principal Place of Business	Mailing Address
722 SHAMROCK BLVD. VENICE FL 34293	722 SHAMROCK BLVD. VENICE FL 34293

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. # or P.O. Box (22)
Suite, Apt. # or P.O. Box (27)
City, & State (23)
City, & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 65-0477094 ☐ 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

9. Name and Address of Current Registered Agent

PALMER, PHILIP J
722 SHAMROCK BLVD.
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 (Required if registered agent is changed) (If Registered Agent signature not required when filed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE		1.1 TITLE	PSTD	☐ Change ☒ Addition
1 NAME		1.2 NAME	PHILIP J. PALMER	
1 STREET ADDRESS		1.3 STREET ADDRESS	722 SHAMROCK BLVD	
1 CITY ST ZIP		1.4 CITY ST ZIP	VENICE FL 34293	
2 TITLE		2.1 TITLE	V	☐ Change ☒ Addition
2 NAME		2.2 NAME	RICHARD W. BRADY	
2 STREET ADDRESS		2.3 STREET ADDRESS	722 SHAMROCK BLVD	
2 CITY ST ZIP		2.4 CITY ST ZIP	VENICE FL 34293	
3 TITLE		3.1 TITLE		☐ Change ☐ Addition
3 NAME		3.2 NAME		
3 STREET ADDRESS		3.3 STREET ADDRESS		
3 CITY ST ZIP		3.4 CITY ST ZIP		
4 TITLE		4.1 TITLE		☐ Change ☐ Addition
4 NAME		4.2 NAME		
4 STREET ADDRESS		4.3 STREET ADDRESS		
4 CITY ST ZIP		4.4 CITY ST ZIP		
5 TITLE		5.1 TITLE		☐ Change ☐ Addition
5 NAME		5.2 NAME		
5 STREET ADDRESS		5.3 STREET ADDRESS		
5 CITY ST ZIP		5.4 CITY ST ZIP		
6 TITLE		6.1 TITLE		☐ Change ☐ Addition
6 NAME		6.2 NAME		
6 STREET ADDRESS		6.3 STREET ADDRESS		
6 CITY ST ZIP		6.4 CITY ST ZIP		

14. I 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)(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 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: PHILIP J. PALMER 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0458457 FP