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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000029197

Principal Place of Business

BEACHES BOOKS ON TAPE, INC.

2870 UNIVERSIT SUITE 103 JACKSONVILLE		2870 UNIVERSITY BI SUITE 103 JACKSONVILLE FL 3			DO NOT WRITE IN THIS SPACE		
JACKSONVILLE	¥	1		•	3. Date Incorporated or Qualifed 04/18/1994		
2. Principal Pl	ace of Business	2a. Mailing Addres	s		4. FEI Number Appl	ied For	
3872	Pont-e Vedra CT.	26 3872 Pc	ute K	dra Co	7. 59-3236865 Not	Applicable	
Suite, Apt.		Suite, Apt. #, e	tc.		5. Certificate of Status Desired Fee Reg	1	
22		City & State	·				
City & State	onville Beach, Fl.		rville	Beach	6. Election Campaign Financing S5.00 N Trust Fund Contribution Added to	7	
				ountry (			
24 3 22	-50 25 Duyal	29 3225	O 30	Duva	t discount reports that	]No	
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered Agent		
				81 Name	Kent, J. Cleveland Address/Ph Box Number is Not Acceptable)		
KENT	', J. CLEVELAND			82 Street	Address (DD Boy Number in Net Accordable)		
2870 UNIVERSITY BLVD. WEST				82 Street Address (P.O. Box Number is Not Acceptable) 3872 on the Viel Na China			
SUITI	E 103			83			
:	SONVILLE FL 32217			1			
0/1011	OUTTILL I'E GEE!			84 City	Ksonvilla Beach FL 85 Zip Co	ode	
				100	resonville Beach FL 32	250	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Florida, Such change	Statutes, the	above-named	corporation submits this statement for the purpose of changing its noration's board of directors. I hereby accept the appointment as regi	stered	
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.05	05, Florida Sta	atutes.	Orallo 1 a board of an obtain. The board about the board of an obtain a board of a b	· ·	
SIGNATURE	O. Clavelud Kut	- Vireta			Feb. 23,1	999	
SIGNATURE	signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Register	ed Agent signature r	required when reinstating) DATE		
12.	OFFICERS AND		13	l	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	D	□ DÉL	ETE 1.1	TITLE ^	O Change	Addition	
NAME	KENT, JAMES C JR.		1.2	NAME	Kent, James C. Ir.	i	
STREET ADDRESS	2870 UNIVERSITY BLVD WEST, S	SUITE 103	<b>→</b> 1.3	STREET ADDRESS	3872 Ponte Vedra Court		
	JACKSONVILLE FL 32217		14	CITY-ST-ZIP	Jacksonville Beach, Fl. 32250		
CITY-ST-ZIP	D	□ DEL		TITLE	Change	Addition	
TITLE				NAME -	Kent, J. Cleveland		
NAME	KENT, J. CLEVELAND	VIIITE 400 -	***		3812 Ponte Vedva Ct.		
STREET ADDRESS	2870 UNIVERSITY BLVD WEST, S	SUITE 103	,	STREET ADDRESS	T. Acaralla D. A. C. Baran	f	
CITY-ST-ZIP	JACKSONVILLE FL 32217			CITY-ST-ZIP	Inclusm Ville Beach, Fl. 32250	["] Addition	
TITLE	D	□ DEL	ETE 3.1	TITLE	pricharge .	AOUIION	
NAME	KENT, RITA S		3.2	NAME	Kent, Ritu Si	ļ	
STREET ADDRESS	2870 UNIVERSITY BLVD WEST, S	SUITE 103	3.3	STREET ADDRESS	3822 Ponte Vedra Et.		
CITY-ST-ZIP	JACKSONVILLE FL 32217		3.4.	CITY-ST-ZIP	Tackson ville Beuch, Fl. 3225	0	
TITLE		☐ DEL	ETE 4,1	TITLE .		Addition	
NAME			4, 2	NAME	5ibbons, Kelly 3872 Ponte Vedra Ct.	į	
STREET ADDRESS			4.3	STREET ADDRESS	3872 Ponte Vedra CI.	İ	
				CITY-ST-ZIP	Jarksonville Beach, Fl. 32250		
CITY-ST-ZIP		DEL		TITLE	Change	Addition	
				NAME	Kent, Judson 8872 Ponte Vedra CT.	_	
NAME				STREET ADDRESS	2012 Ponte Vedra CT.		
STREET ADDRESS					to 1000 11 R + El 702 - 1		
CITY-ST-ZIP				CITY-ST-ZIP	Facismy 176 Beach, Fl. 32250	4 delition	
TITLE		☐ DEL	EIE 6.1	TITLE	Change Change	Addition	
NAME			6.2	NAME	Kent, Jagan 3872 Ponte Vedra Ct.		
STREET ADDRESS			6.3	STREET ADDRESS		ľ	
			6.4	CITY, OT 7ID	Trockson Willa Reach Fl 32250		

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 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, with all other like empowered.

SIGNATURE: \_

**FILED** 

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90050 012 \*\*\*150.00