

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

96 NOV -6 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**AMENDED**  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996

DOCUMENT # **P 94000051279**

1. Corporation Name

**BEATRICE INTERNATIONAL REALTY, INC**

Principal Place of Business

Mailing Address

**2866 SE GINZA ST.  
Port St. Lucie, FL 34952**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

3a. Date of Last Report

**July 7, 1994**

**May 1996**

4. Fee Number

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

10. Name and Address of New Registered Agent

**Helen B. Horton  
2866 SE GINZA ST  
Port St. Lucie, FL 34952**

81 Name

**Helen B. Horton**

82 Street Address (P.O. Box Number is Not Acceptable)

**2866 SE GINZA ST**

83

84 City

**Port St. Lucie**

FL

85 Zip Code

**34952**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PRÉSIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>JOSEPH M. ELDRIDGE</b>	<b>49%</b>
STREET ADDRESS	<b>2866 SE GINZA ST</b>	
CITY-ST-ZIP	<b>Port St. Lucie, FL 34952</b>	
TITLE	<b>SECRETARY/TREASURER</b>	<input type="checkbox"/> DELETE
NAME	<b>HELEN B. HORTON</b>	<b>51%</b>
STREET ADDRESS	<b>2866 SE GINZA ST</b>	
CITY-ST-ZIP	<b>Port St. Lucie, FL 34952</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	<b>600002001806--9</b>
3.3 STREET ADDRESS	<b>-11/12/96--01024--008</b>
3.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Helen B. Horton, Secretary/Treasurer** **10/1/96 561 337-1822**

CR2E034 (3/96)