

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

FILED

**Apr 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000009190 (6)
1. Corporation Name
BEACH BUGGY'S, INC.



Principal Place of Business 2837 S. ATLANTIC AVE. DAYTONA BEACH FL 32118	Mailing Address 2837 S. ATLANTIC AVE. DAYTONA BEACH FL 32118
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2736 S ATLANTIC AVE Suite, Apt. #, etc.	26 P.O. BOX 7124 Suite, Apt. #, etc.
22 City & State DAYTONA BEACH, FL	27 City & State DAYTONA BEACH SHORES, FL
24 32118 25 USA	29 32116 30 USA

3. Date Incorporated or Qualified 01/31/1995		
4. FEI Number 59-3295700	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent DICICCO, ROSALIE 2837 S. ATLANTIC AVE. DAYTONA BEACH FL 32118	10. Name and Address of New Registered Agent
81 Name DICICCO, ROSALIE	82 Street Address (P.O. Box Number is Not Acceptable) 2736 S ATLANTIC AVE
83	84 City DAYTONA BEACH
	85 Zip Code FL 32118

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME DICICCO, ROSALIE	
STREET ADDRESS 2837 S. ATLANTIC AVE.	
CITY-ST-ZIP DAYTONA BEACH FL 32118	
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 P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME DICICCO, ROSALIE	
1.3 STREET ADDRESS P.O. BOX 7124	
1.4 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32116	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 or 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 _____

CR2E034 (10/97)