

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 095000013932

1. Corporation Name

BEAMREACH SAILING, INC.

Principal Place of Business

Mailing Address

ORLANDO

6675 SOUTH ORIOLE BLVD  
APART F-106  
DELRAY BEACH, FL. 33446

3. Date Incorporated or Qualified  
NOVEMBER 1994

3a. Date of Last Report  
02.01.1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

8129, SANDPOINT BLVD

27

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

28

ORLANDO, FL

24

Country

29

32819

30

U.S.A.

4. FEI Number  
65-0531839

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

MRS. S. TANZ  
6675, SOUTH ORIOLE BLVD  
DELRAY BEACH  
ORLANDO, FLORIDA. 33446

81 Name

GARY ONIK M.D.

82

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

8129, SANDPOINTE BLVD

83

84

City

ORLANDO

FL

85 Zip Code

32819

11. Pursuant to the provisions of Sections 607.0507 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, if applicable

GARY M. ONIK M.D.

02.29.96

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MRS S. TANZ

6675, SOUTH ORIOLE BLVD  
DELRAY BEACH, ORLANDO, FL 33446

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PRESIDENT

GARY ONIK

8129, SANDPOINTE BLVD  
ORLANDO, FLORIDA, 32819

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

MRS SECRETARY

JANET KAY ONIK

8129, SANDPOINTE BLVD  
ORLANDO, FLORIDA, 32819

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY M. ONIK M.D.

PRESIDENT

02/29/96

407-248-8337

Daytime Phone #

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.