


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

FILED

May 07 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|--|
| DOCUMENT # P95000016772 1. Corporation Name BEACH INVESTMENTS INC. | | | |
| Principal Place of Business 1546 Atlantic Blvd. Naples Beach, FL 33226 | | Mailing Address 2440 MAYPORT RD. #2 ATLANTIC BEACH FL 32233-2070 | |
| 2. Principal Place of Business 21 1546 Atlantic Blvd. | | 2a. Mailing Address 26 2440 MAYPORT RD. #2 ATLANTIC BEACH FL 32233-2070 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | |
| 23 City & State Naples Beach FL | | 28 City & State | |
| 24 Zip 33226 | | 29 Country | |
| 25 County Duval | | 30 Country | |
| 9. Name and Address of Current Registered Agent GRAY, ROBERT WILLIAM JR. 2440 MAYPORT ROAD ATLANTIC BEACH FL 32233 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL | |
| 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 PS <input type="checkbox"/> DELETE NAME GRAY, ROBERT W STREET ADDRESS 2440 MAYPORT RD CITY - ST - ZIP ATLANTIC BEACH FL 32233 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 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 type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 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 do 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. SIGNATURE: [Signature] ROBERT W. GRAY JR. 15 April 97 211 3327 904 400002180224 Change <input type="checkbox"/> Addition -05/15/97--01092--026 ***165.00 | | | |

CR2E034 (9/95)