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

PROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthamil

Socretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P95000020213 (1)

BEACHES DIVERSIFIED SERVICES, INC.

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City & State 23   Pt Launerda   Pt   28   Pt Louider doubted   Pt Louider doubted   Pt   28   Pt Louider doubted   Pt	pplicable		
City & State   23  Ft Laurenda   Ft L 25    28    29    333   2   30    USA   10   10   10   10   10   10   10   1			
28  H. Country   28  H. Country   28  H. Country   27  Dountry   27  Dountry   27  Dountry   28  33312   30   USA   10. Name and Address of Current Registered Agent   10. Name and Address of the Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address   10. Name and Name   10. Name and Address   10. Name and Address   10. Name and Name   10. Name   10. Name and Name			
Country   Zip   Country   Zip   S33312   28   S33312   30   USA   15 intercept and solid plants of the provision of Sections 607.0502 and 607.1508, Fixed Standars, the above named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as reagent lam familiar with, and decept the obligations of Sections 67.0506, Fixeriza Standards, the above named corporation's board of directors. Thereby accept the appointment as reagent lam familiar with, and except the obligations of Sections 67.0506, Fixeriza Standards, St			
Name and Address of Current Registered Agent	9.032,		
HALL, BRUCE L 369 GARDNER DR. FT. WALTON BEACH FL 32548  81 Name HALL, BRUCE L 369 GARDNER DR. FT. WALTON BEACH FL 32548  82 Street Address (P.O. Box Number is Not Acceptable) 3391 SW 164 Court  83 Typ Cc 3391 SW 164 Court  85 Typ Cc 3391 SW 164 Court  85 Typ Cc 3391 SW 164 Court  86 Typ Court  87 Typ Cc 3991 SW 164 Court  88 Typ Cc 3991 SW 164 Court  89 Typ Cc 3991 SW 164 Court  11 Till III III III III III III III III III			
## ALL, BRUCE L  389 GARDNER DR. FT. WALTON BEACH FL 32548  82 Street Address (n° D. Box Number is Not Acceptable)  3391 St. 16 Court  83 Street Address (n° D. Box Number is Not Acceptable)  84 City   Laurence Area    45 City   Laurence Area    46 City   Laurence Area    47 City   Laurence Area    48 City   Laurence Area    49 City   Laurence Area    40 City   Laurence Area    40 City   Laurence Area    41 City   Laurence Area    42 City   Laurence Area    43 City   Laurence Area    44 City   Laurence			
11. Pursuant to the provisions of Sections 607.050/2 and 607.1508, I foricida Statutes, the above-named corporation's board of circetors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    12.			
SIGNATURE    Signature, typeod or printed name of register ad agent and trice if agrificable   (NOTE   Registrated Agent signature required when reinstating)   DATE	gistered jistered		
12. OFFICERS AND DIRECTORS  TITLE D HALL, BRUCE L STREET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			
NAME   HALL, BRUCE L   12 NAME   13 STREET ADDRESS   369 GARDNER DR.   13 STREET ADDRESS   13 STREET ADDRESS   14 CHY-ST-ZIP   17 TILE	N 12 Addition		
STREET ADDRESS   S89 GARDNER DR.   1.8 STREET ADDRESS   33 91 5 \omega / 16 \omega / 15 \omega / 15 \omega / 16 \omega / 15	Audition		
DELETE			
TITLE         DELETE         21 TITLE         Change           NAME         22 NAME         22 NAME           STREET ADDRESS         2.8 STREET ADDRESS         CHY-ST-ZIP           TITLE         DELETE         3.1 TITLE         Change           NAME         32 NAME         STREET ADDRESS         STREET ADDRESS           CHY-ST-ZIP         34 CHY-ST-ZIP         Change           NAME         4.2 NAME         Change           NAME         4.2 NAME         Change           STREET ADDRESS         4.3 STREET ADDRESS         CHY-ST-ZIP			
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CITY-ST-ZIP			
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	Addition		
NAME 62 NAME			
STREET ADDRESS  6.9 STREET ADDRESS			
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 the control of the			

**FILED** 

May 09 1997 8:00am

Secretary of State