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

Mailing Address

315 FLAGLER AVE

NEW SMYRNA BEACH FL 32169-2638

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

NEW SMYRNA BEACH FL 32169

SIGNATURE:

315 FLAGLER AVE



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022840 (9)

BEACHSIDE REALTY MANAGEMENT GROUP, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3304657 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees 23 28 Trust Fund Contribution Country Zit Country Zipi 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HOUNSOM, SUSAN E 315 FLAGLER AVE Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL 32169** 63 Zip Code 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 Seguirone: typical or present name of rug stered agent and tice if applicable [NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPST DELETE Change Addition Tifuf 1.1 TITLE PSD HOUNSOM, SUSAN E NAME 1.2 NAME 811 GARFISH AVE. 1.3 STREET ADDRESS STREET ADDRESS **NEW SMYRNA BEACH FL 32169** 1.4 CITY-ST-ZIP CHY-ST 70 DELETE Change Addition 2.1 TITLE UPID 71115 WILLON JOHNSON **2.2 NAME** NAME 421 S. ATLANTIC SPREED ADDIVESS 2.3 STREET ADDRESS BEACH FL 32169 CHY-ST-76 2. 4 CITY-ST-ZIP DELETE Change Addition III.E 3.1 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP OHY-\$1-72 DELETE 4.1 THILE Change Addition TARE 4. 2 NAME MALE 4.3 STREET ADDRESS STREET ADORESS (aty-5) 28 4.4 CITY - ST - ZIP DELETE Change Addition 1004 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS \$18EEC ADDRESS 5.4 CHTY-ST-ZIP Cify-St 7P Addition DELETE Change Mili 61 TALE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST- 26 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.