

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 20 1998 8:00am
Secretary of State

DOCUMENT # **P95000022840 (9)**

1. Corporation Name

BEACHSIDE REALTY MANAGEMENT GROUP, INC.



Principal Place of Business

Mailing Address

**315 FLAGLER AVE
NEW SMYRNA BEACH FL 32169**

**315 FLAGLER AVE
NEW SMYRNA BEACH FL 32169**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 817 HWY A1A

Suite, Apt. #, etc.

City & State

23 NEW SMYRNA BCH, FL

Zip

24 32169

Country

25 FLORIDA

2a. Mailing Address

26 817 HWY A1A

Suite, Apt. #, etc.

City & State

28 NEW SMYRNA BCH, FL

Zip

29 32169

Country

30 FLORIDA

3. Date Incorporated or Qualified

03/20/1995

4. FEI Number

59-3304657

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HOUNSOM, SUSAN E
315 FLAGLER AVE
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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 **PSD**
NAME **HOUNSOM, SUSAN E**
STREET ADDRESS **811 GARFISH AVE.**
CITY - ST - ZIP **NEW SMYRNA BEACH FL 32169**

☐ DELETE

TITLE **VTD**
NAME **JOHNSON, MILTON**
STREET ADDRESS **421 S ATLANTIC AVE**
CITY - ST - ZIP **N. SMYRNA BEACH FL 32169**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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.

CR2E034 (10/97)