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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000028061 (6)

## **BEUTEL CORPORATION**

Principal Place of Business		Mailing Address		· · · · · · · · · · · · · · · · · · ·				
C/O ELAINE BEUTEL 7533 HISPANOLA AVENUE NORTH BAY VILLAGE FL 33141		C/O ELAINE BEUTEL 7533 HISPANOLA AVENUE NORTH BAY VILLAGE FL 33141-4119						
1000000					3. Date Incorporated or Qualified 04/06/1995	3a. Date of Last F 02/27/1996	Report	
2. Principa P	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For	
21		26			65-0572817	N	ol Applicable	
Suite Apt.	#, etc	Suite, Apt #, etc.			5. Certificate of Status Desired		Additional equired	
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Zip	Country Zip Co		Countr	у	8. This corporation has liability for in	tangible tax under s	. 199.032.	
24	25 29 30		30		Florida Statutes			
	9. Name and Address of Curre		· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New Reg	Istered Agent		
BFU	TEL, ELAINE		81	Name				
7533 HISPANOLA AVENUE			82		Street Address (P.O. Box Number is Not Acceptable)			
	RTH BAY VILLAGE FL 33141		8	Street Add	ress (P.O. Box Number is Not Acceptable	2)		
WORTH BAT VICEAGE TE SOTT			83	1	<del></del>			
			84	City		FL 85 Zip	Code	
11 Pursuant I	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	ec the abov	/e-named core	poration submits this statement for the pu		te registered	
office or ri	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	iuthorized t	v the corporal	tion's board of directors. I hereby accept	the appointment as	registered	
SIGNATURE	Signature typed or protect name of registered ag	A POST	- F					
12.		ID DIRECTORS	13.	leur signatura radoi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DC IN 12	
TITLE			1.1 TITLE	1	ADDITIONS/CHANGES TO OFFICE	Change	Addition	
NAME			1.2 NAME			change	, radinori	
STREET ADORESS	7533 HISPANOLA AVENUE		1.3 STREET ADDRESS					
MODELL DAY MILLAGE EL COLLA		41						
CITY - ST - ZIP			1.4 CITY -	S1-ZIP		Clohanan	I delleron	
TITLE			2.1 TITLE			Change	☐ Addition	
NAME			2.2 NAME		*	*		
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIF		DIDELETE	2. 4 CITY	· ST - ZIP				
IIILE		DELETE 3.11				☐ Change	Addition	
NAME			3.2 NAME	ł				
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIF			3.4. CITY-	ST-ZIP				
TITLE	DELETE 4.1 T		4.1 TITLE		<del></del>	Change	Addition	
NAME			4. 2 NAMI					
STREET ADORESS			4.3 STREE	T ADDRESS				
CITY - ST - ZIF			4.4 CITY	ST-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADORESS				T AOORESS				

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, if 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

CITY - ST- ZIP

STREET ADDRESS

TITLE

NAME

\_\_\_ DELETE

Change

Addition

**FILED** 

Jan 14 1997 8:00am

Secretary of State