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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000033237

BEIN'S INVESTMENTS, INC.

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Principal Place of Business

## **FILED** Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90026 021 \*\*\*150.00



1345 MAIN ST SARASOTA FL 34236 SARASTOA FL 34236 US US		DO NOT WRITE IN THIS SPACE					
		3. Date Incorporated or Qualified 04/26/1995					
Principal Place of Business     2a. Mailing Address		4. FEI Number . Applied For					
21 26		65-0578079 Not Applicable					
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		-5. Certificate of Status Desired - \$8.75 Additional Fee Required					
City & State City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip . Country . Zip . 29 . 30	Country	8. This corporation owes the current year Intangible Personal Property Tax.   Yes  No					
Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent					
LANDSMAN, GARY B	81 Na	me					
SEIN1345 MAIN STREET STATES SARASOTA FL 34236	82 St	Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA FL 34230	83						
the seast of	84 Ci	FI 100 2.15 5545					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to	<del></del>						

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 requir	red when reinstating)	DATE	1			
12.	OFFICERS AND DIRECTORS	13.		IS/CHANGES TO OFFICERS AND DIRECTORS IN 1				
TITLE	D DELETE	1.1 TITLE	00 1578 079	☐ Change	Addition			
NAME	LANDSMAN, GARY B	1.2 NAME	wo caseora .	, – ,				
STREET ADDRESS	2381 FLORINDA ST	1.3 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY+ST-ZIP			•			
TITLE	D DELETE	2.1 TITLE		Change	Addition			
NAME	BAND, MYRNA	2.2 NAME		<u> </u>				
STREET ADDRESS		2.3 STREET ADDRESS	,					
CITY-ST-ZIP	SARASTOA FL 34242	2.4 CITY-ST-ZIP						
TITLE LAM	BORRAN TABLES	3.1 TITLE		☐ Change	. Addition			
NAME CONTRACT.		3.2 NAME			:-			
STREET ADDRESS	ASSTA SE STARA	3.3 STREET ADDRESS	155451 - 2 - 4575 11144	TOU THE SOURCE THE SOURCE SE	n 33 (48 - 48)			
CITY-ST-ZIP	4	3.4. CITY-ST-ZIP		到。 第一個問題第二種用漢語 第一個語音音語				
TITLE	DELETE	4.1 TITLE	10 mg 12 12 12 12 13 13 13 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Changé la	" Addition			
NAME	M +2 1 m m	4.2 NAME						

1372 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change ☐ Addition 2001 FLOWING . 45 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental officer or director of the corporation or the receiblock 12 or Block 13 if changed, or on an attack