PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000038613

1. Corporation Name

HOST BEACHSIDE RENTALS, INC.

Principal Place of Business	Mailing Address
5920 S A1A HWY	5920 S A1A HWY
MELBOURNE BEACH FL 32951	MELBOURNE BEACH FL 3
US	US

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90069 003 ***150.00



Principal Place	e of Business	Mailing Address						
5920 S A1A H	WY	5920 S A1A HWY						
MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 US US			20 1107 1115	5)4F= 151 T1110	00405			
		U\$				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualife	d		}
					05/15/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		├ ───	pled For
21		26			<u>59-3324514</u>		No.	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
22		27			3. Sertificate of States Boomes		Fee Re	guired
City & Stat	e	City & State			6. Election Campaign Financing	, L	\$5.00	May Be
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Count y	Zip	Count	у	8. This corporation owes the cu	rrent year Int	angible	
24	25	29	30		Personal Property Tax		☐ Yes	[]No
	9. Name and Addr∋ss of Current	Registered Agent			10. Name and Address of New	Registered	Agent	
		· <u> </u>	8	1 Name	9			
PET	TY, ALICE S		-					
	A1A HWY		8	2) Stree	t Address (P.O. Box Number is Not Accep	nable)		
	BOURNE BEACH FL 32951		8	3				
14166	DOUTHE BEACHTE SESST		٦	<u> </u>				
			8	4 City		FI	85 Zip (Co te
44 5	A- 41	and 607 1509 Florido Statute	the abo	vo pamo	d convoration submits this statement for th		changing its	registered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was at	uthorized b	y the cor	porat on's board of directors. I hereby acc	ept the appoi	ntment as re	gistered
SIGNATURE								
	Signature, typed or printed name of registered agent			ent signatur	e required when reinstating)	DATE		
12.	C FFICERS AND		13.		ADDITIONS/CHANGES TO C	FFICERS A		
TITLE	PSTV	☐ DELETE	1.1 TITLE				Change	☐ Addition (
NAME	PETTY, ALICE S		1.2 NAME		İ			
STREET ADDRESS	5920 S A1A HWY		13STRE	ET ADDRES	s			
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY-	ST-ZIP]
TITLE	MELOOGIAL OCHANICE	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME.			2.2 NAME	:				}
STREET ADDRESS				ET ADDRES				
			2.3 G R L		°			
CITY-ST-ZIP		☐ DELETE	3 1 TITLE				Change	Addition
TITLE								
NAME			3.2 NAME					ļ
STREET ADDRESS			3.3 STRE	ET ADDRES	s			
CITY-ST-ZIP			3.4. CITY					_=
TITLE		☐ DELETE	4.1 TITLE		1		Change] Addition
NAME			4 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRES	s			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	İ			
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					ļ
STREET ADDRESS			5.3 STRE	ET ADDRES	s			
			5.4 CITY-	ST-ZIP				
CITY-ST-ZIP		DELETE	6.1 TITLE		 		Change	Addition
TITLE			6.2 NAME					
NAME								
CTREET ADDRESS			■ 6.3 STRE	ET ADDRES	81			1

14. Thereby certify that the information supplied with it is 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CER O ? DIRECTOR