

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000040251 (7)

1. Corporation Name

FLORIDA BEACHES INC



Principal Place of Business

438 ST ARMANDS CIRCLE
SARASOTA FL 34236

Mailing Address

438 ST ARMANDS CIRCLE
SARASOTA FL 34236

3. Date Incorporated or Qualified
05/19/1995

3a. Date of Last Report

2. Principal Place of Business
21 449 COREY AVE. ST. PETE BEACH, FL 33706
Suite, Apt. #, etc.

2a. Mailing Address
26 449 COREY AVE. ST. PETE BEACH, FL 33706
Suite, Apt. #, etc.

4. FEI Number
59-3318996

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip
24

25 Country

28 Zip
29

30 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, CAROLINE
FLORIDA BEACHES INC

449 COREY AVE.
ST. PETE BEACH, FL 33706

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Caroline Harrison CAROLINE HARRISON

DATE: 4/26/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
HARRISON, CAROLINE
449 COREY AVE.
ST. PETE BEACH, FL.

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE:

Caroline Harrison CAROLINE HARRISON

DATE: 4/26/96

813.367.5647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Display Phone #

CR2E034 (12/95)