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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000052282 (7)

BEACHSIDE INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 950382	POST OFFICE BOX 950382
LAKE MARY FL 32795-0382	LAKE MARY FL 32795-0382



	E BOX 950382 FL 32795-0382	POST OFFICE BOX : LAKE MARY FL 3278							
					 Date Incorporated or Or 07/03/1995 	ualified	3a. Date of	Last Re	oort
2. Principal Plac		2a. Mailing Address			4. FEI Number			A	pplied For
1648	KHLAND CET.	26			59-33244	46			ot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Des	sired			Additional equired
City & State 3 DELTO	NA, FL	City & State			6. Election Campaign Fina Trust Fund Contribution	1		Added	May Be to Fees
4 3272'	Country A	Ζφ 29	Gountry 30			Yes	□No		199.032,
	g. Name and Address of Current	t Registered Agent		T	10. Name and Address o	f New Re	gistered Ag	ent	
			81	Name					
WIEDRICK, ROBERT BRUCE 12424 GROVEVIEW WAY SANFORD FL 32773			82	Street Addr	dress (P.O. Box Number is Not Acceptable)				
			83	648	ASHLAND	Cout		or 7.5	Codo
			84		AUG		FL	85 Zip	25
11. Pursuant to or registere familiar with	the provisions of Sections 607.0502 d agent, or both, in the State of Floric , and accept the obligations of, Secti	and 607,1508, Florida Statu la Such change was authori on 607,0505, Florida Statute	tes, the above r zed by the corp	named corpor	ration submits this statement for	r the purp the appoi	ose of chang ntment as reg	ing its re gistered	gistered offic agent. I am
SIGNATURE							f)ATt		
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12.	grature. Specific printed have of requirement agencia	का हो कि न में बहुबूब (क्केंब्रेक) - (14	OTE Registered Age		id whom remistatings		CERS AND D	IRECTOR	RS IN 12
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racinististy carried 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 early 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 early that the man office or director of the corporation or the exceiver 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 observed, or or on an attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-860-5264