

**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 # **P95000064948**

1. Corporation Name  
**Beach Investments INC. II**



Principal Place of Business  
**2440 MAYPORT RD.  
ATLANTIC BEACH FL 32233**

Mailing Address  
**2440 MAYPORT RD.  
ATLANTIC BEACH FL 32233**

3. Date Incorporated or Qualified  
**Sept 95**

3a. Date of Last Report

2. Principal Place of Business

21 **12777-1** **Atlantic**

22 Suite, Apt. #, etc.

23 **Jacksonville FL**

24 **32225** 25 **Duna**

26 **2440 Mayport Rd**

27 **#2**

28 **Atlantic Beach FL**

29 **32233** 30 **Duna**

4. FEI Number  
**59-3337308**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**Robert W. Gray Jr.**  
**Beach Investments Inc. II**  
**2440 MAYPORT RD.**  
**ATLANTIC BEACH FL 32233**

10. Name and Address of New Registered Agent

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Robert William Gray Jr. / President** **21 April '96**

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Robert William Gray Jr.</b>	
STREET ADDRESS	<b>2440 Mayport Rd.</b>	
CITY-ST-ZIP	<b>Atlantic Beach FL 32233</b>	
TITLE	<b>Executive Vice President</b>	<input type="checkbox"/> DELETE
NAME	<b>David Bieber</b>	
STREET ADDRESS	<b>2440 Mayport Rd.</b>	
CITY-ST-ZIP	<b>Atlantic Beach, FL 32233</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO REGISTERED OFFICE/AGENTS/DOORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>100001842700</b>
6.3 STREET ADDRESS	<b>-05/29/96--01062--040</b>
6.4 CITY-ST-ZIP	<b>***200.00</b>

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 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]** **21 April 96** **9042495086**

CR2E034 (12/95)