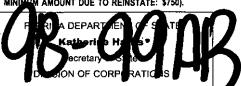
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION





FILED

1	AL REPORT	種し人で		99 DEC 16 AM 9: 51
	1999	D. JON OF CO	DRP RATIONS	RECOLTA DV OC CTATE
	MENT # 8950000			SEGRETARY OF STATE TAILLAHASSEE, FLORIDA
Corporation	n Name			
BEACH INVESTMENTS, INC. II				
Q=3				
Principal Place	of Rusinee	Mailing Address	<del></del>	
Principal Place of Business  Mailing Address  12777-1 ATLANTIC BLVR.				
T-3.6 W				
JAZKSOHVILLE, FL 32225				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified SEPT_ し、1995
Principal Place of Business     2a. Mailing Address				4. FEI Number Applied For
21		26		59-3337308 Not 200
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-5- Certificate of Status Desired S 8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23	Country	28 Zip	Country	Trust Fund Contribution
Zip 24	25 Ovy	29 30	-n ´	8. This corporation owes the current year     Intangible Personal Property.     Yes  No
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered Agent
81 Name				DAVID BIEBER
ROBERT GRAY			82 Street	Address (P.O. Box Number is Not Acceptable)
1375 MORMAMAY DRIVE				VALKERS RIDGE DR.
	NEWARK, WHID A	13055	83	
	, , , , , , , , , , , , , , , , , , , ,		84 City	re VERKA BEACH FL 85 Zip Code 2
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes,	the above-named co	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with and accept the obligat	ions of section 607,0505, Florid	la Statutes.	$\mathcal{A}$
SIGNATURE.	Bow Duker		<del></del>	KICHELLE LIENGENT DECTS, I
12.	Signature, typed or printed name of registered agent :  OFFICERS AND		13.	re required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIDE MT	DELETE	1.1 TITLE	Change
NAME	ROBERT GRAT	<b>N</b>	1.2 NAME	3000030825537
STREET ADDRESS	1325 NORMANDY	DRIVE	1.3 STREET ADDRESS	-12/29/9901025009
CITY-ST-ZIP	NEWARK, OHIO EXECUTIVE VILE	43855	1.4 CITY-ST-ZIP	****308.75 ****308.75
	BAVID BISBER	∠ε>.  □ DELETE	2.1 TITLE	Change ^
NAME STREET ADDRESS	DAVIS MESSICA	e ha	2.2 NAME 2.3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	21 WALKERS ROSL PENTE VEDRA (SEA	N EL 31082		The second of
TITLE		DELETE	3.1 TITLE	VICE BROWNERT Change X Addition
NAME			3.2 NAME	CHARLES EVANS  IZNON-I ATLANTIC BLVD.  JAKKSEILVILLE, FL 32225  Change Addition
STREET ADDRESS	•		3 3 STREET ADDRESS	12 MM-1 ATLANTIC BLVD.
CITY-ST-ZIP			3.4 CITY-ST-ZIP	JACKSOHMILLE, FL 32225
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME		□ bereie	5.2 NAME	Change Additor
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	Se E
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this 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.