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**Feb 13 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000066746 (5)

1. Corporation Name
THE BEACON COMPANIES, INC.



Principal Place of Business: **5811 PELICAN BAY BLVD. SUITE 205 NAPLES FL 34108-2710**
Mailing Address: **5811 PELICAN BAY BLVD. SUITE 205 NAPLES FL 34108-2710**

3. Date Incorporated or Qualified: **08/29/1995**
3a. Date of Last Report: **06/17/1996**
4. FEI Number: **65-0603846**
Applied For: Not Applicable
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

2. Principal Place of Business
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. Mailing Address
26. Suite, Apt. #, etc.:
27. City & State:
28. Zip: Country:
29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADDRESS CHANGE

**MONGILLO, ROMOLO T.
501 GOODLETTE ROAD
BUILDING D SUITE 22
NAPLES FL 33940**

81. Name: **Mongillo, Romolo T.**
82. Street Address (P.O. Box Number is Not Acceptable): **600 5th AVE South Suite 306**
83.
84. City: **NAPLES** FL 85. Zip Code: **34102**

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: *Romolo T. Mongillo* DATE: **1/20/97**
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> DELETE
NAME	PAGANO, LAURENCE J
STREET ADDRESS	801 12TH AVENUE SUITE 202
CITY-ST-ZIP	NAPLES FL 33940
TITLE	VP <input type="checkbox"/> DELETE
NAME	ABRAHAMSON,
STREET ADDRESS	801 12TH AVENUE SUITE 202
CITY-ST-ZIP	NAPLES FL 33940
TITLE	T <input type="checkbox"/> DELETE
NAME	MONGILLO, ROMOLO T
STREET ADDRESS	501 GOODLETTE ROAD BLDG. D SUITE 22
CITY-ST-ZIP	NAPLES FL 33940
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 OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAGANO, LAURENCE J.
1.3 STREET ADDRESS	5811 Pelican Bay Blvd Suite 205
1.4 CITY-ST-ZIP	NAPLES, FL 34108-2710
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Abrahamson, John T.
2.3 STREET ADDRESS	5811 Pelican Bay Blvd Suite 205
2.4 CITY-ST-ZIP	NAPLES, FL 34108-2710
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mongillo, Romolo T
3.3 STREET ADDRESS	600 5th AVE South Suite 306
3.4 CITY-ST-ZIP	NAPLES, FL 34102
4.1 TITLE	VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAGANO, MARY P.
4.3 STREET ADDRESS	5811 PELICAN BAY BLVD. Suite 205
4.4 CITY-ST-ZIP	NAPLES, FL. 34108-2710
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Mary P. Pagano* DATE: **1/18/97** DAYTIME PHONE #: **(941) 594-5554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)