## FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT F STA

Sandra B. Mort

Secretary of Standard Standard

DOCUMENT # P95000066746 (5)

THE BEACON COMPANIES, INC.

14.9° A.11

## FILED Apr 10 1998 8:00am Secretary of State



Principal Place or Business			Mailing Address						
5811 PEUCAN BAY BLVD. SUITE 205 NAPLES FL 34109-2710			5811 PELICAN BAY BLVD. SUITE 205 NAPLES FL 34108-2710						
MATUES IL S	4100-2710	MAPLE	:5 FL 34100-2710			DO	NOT WRITE IN THE	S SPACE	
						3. Date Incorporated	or Qualified		
						08/29/1995			- 1
2. Principal Pi	ace of Business	2a. Mai	iling Address	•	•	4. FEI Number		I Ap	plied For
21		26				65-0603846			t Applicable
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.					\$8.75	
22		27				5. Certificate of Status	Desired	Fee Re	
City & State		City	City & State			6. Election Campaign	Financing	\$5.00	May Re
23		28				Trust Fund Contribu		Added 1	
Zip	Country	Zip		Cou	untry	8. This corporation ov	es or has paid the c	current year Int	angible
24	25	29		30		Personal Property	ax due June 30.	Yes [	No
	9. Name and Address of Cur	ent Registered	d Agent			10. Name and Addres	s of New Registere	d Agent	
MO	NGILLO, ROMOLO T.				81 Name		·		
600 5TH AVE S STE 306					82 Street	Cence J. Pagan Address (P.O. Box Number is	o Acceptable		
NAPLES FL 34102					58	11 Pelican Bay	Blvd. St	e 205	į
					83				
					84 City	Naniae	F		Code 108
11. Pursuant i	o the provisions of Sections 607.0	502 and 607 15	508 Florida Statute	s the a	hove-named	Naples Logropration submits this states			s registered
office or re	o the provisions of Sections 607.0 egistered agent, or both, in the Sta m lamiliar with, and adpept the ob	ite of Florida. S	uch change was a	uthorize	d by the cor	poration's board of directors. I	nereby accept the a	ppointment as	registered
	9 . N.J		A - 4	rida Sta	tutes.				
SIGNATURE	Classelver - Communication of registered	מון ביתוי	6 <i>00</i> 0	Registere	of & ant cinnatur	e required when reinstating)	41-9	σ	
12.		ND DIRECTOR		13.	o A mil signatore	ADDITIONS/CHANG		ND DIRECTOR	S IN 12
TITLE	PSTD		DELETE	1.1 1	TLE			Change	Addition
NAME	PAGANO, LAURENCE J			1.2 N		Pagano, Laure	nce J.		
STREET ADDRESS	5811 PELICAN BAY BLVD,	STF 205		1.3 \$					
CITY-ST-ZIP	NAPLES FL	0.00		1.4 0		1			
TITLE	VP		DELETE	2.1 (1		<del> </del>		Change	Addition
NAME	ABRAHAMSON.			2.2 N	<b>5</b>		_		
STREET ADDRESS	5811 PELICAN BAY BLVD.	STE ONE				Abrahamson, J	ohn T.		
	NAPLES FL	31E 203			TREE ADORESS				
CITY-ST-ZIP	T T		DELETE	2 4 0	_				T 4 augus
. 1	MONORIO POMOLO T		□ nerre	3.1 Ti				Change	☐ Addition
HAME	MONGILLO, ROMOLO T			3.2 N					
STREET ADDRESS	600 5TH AVE S, STE 306			3.3 \$1					
CITY-ST-ZIP	NAPLES FL			3.4. 0				<b>—</b>	
TITLE	VPS		DELETE	4.1 TI	TLE TO			Change	☐ Addition
NAME	PAGANO, MARY D			4. 2 N	AME				
STREET ADDRESS	5811 PELICAN BAY BLVD,	STE 205		4.3 \$1	TREE	İ			
CITY-ST-ZIP	NAPLES FL			4.4 CI	MY-, ZIP				
TITLE			☐ DELETE	5.1 11	TLE			Change	Addition
NAME				5.2 N	AME				
STREET ADDRESS				5.3 \$1	TREE				
CITY-ST-ZIP				5.4 CI					
TITLE			DELETE	6.1 TI			., .	Change	Addition
NAME				62 N				•	
STREET ADDRESS				63 \$1					
OTH ST TIE				333		İ			

14. I hereby certify that the information supplied with this filing does not quality for the exemindicated on this annual report or supplemental annual report is true and accurate and the officer or director of the corporation or the receiver or trustee empowered to execute this Block 12 or Block 13 if changed, or on an attachment with an address.

stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in ual report is true and accurate and it is signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this bot as required by Chapter 607, Florida Statutes; and that my name appears in ont with an address.

SIGNATURE:

Novacal Hours

46-08