

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90507 018 ***150.00

DOCUMENT # P95000070149

1. Entity Name
BEACH TOWER PROPERTIES, INC.



Principal Place of Business
**2900 N A1A
N HUTCHINSON ISLAND, FL 34949 US**

Mailing Address
**115 SANDPOINTE CT.
VERO BEACH, FL 32963 US**

2. Principal Place of Business
9891 U.S. Highway 1

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Sebastian, FL

Zip
32958

Country
U.S.A.

City & State

Zip

Country

04152004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0607542

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MALVAN, MITCHELL B
3000 NORTH A1A
APT. 10A
N HUTCHINSON ISLAND, FL 34949**

7. Name and Address of New Registered Agent
Name **Malvan, Mitchell B.**
Street Address (P.O. Box Number is Not Acceptable)
9891 U.S. Highway 1
City **Sebastian** FL Zip Code **32958**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **M. B. Malvan Mitchell B. Malvan** DATE **4/10/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALVAN, MITCHELL B		NAME	Malvan, Mitchell B.	
STREET ADDRESS	3000 NORTH A1A		STREET ADDRESS	9891 U.S. Highway 1	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELSHER, GARY		NAME		
STREET ADDRESS	645 5TH AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELSHER, MICHAEL		NAME		
STREET ADDRESS	645 5TH AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALVAN, BONNIE E		NAME	Malvan, Bonnie E.	
STREET ADDRESS	3000 NORTH A1A		STREET ADDRESS	9891 U.S. Highway 1	
CITY-ST-ZIP	N. HUTCHINSON ISLAND, FL 34949		CITY-ST-ZIP	Sebastian, FL 32958	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **M. B. Malvan Mitchell B. Malvan, Pres. 4/10/04 772-2345465**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #