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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000076081

1. Corporation Name

BEACH IT INTERNATIONAL, INC.

32.077									
Principal Place	of Business	Mailing Address				1 (00)(00) (10 1010 01111 01111 01111	.,		
19501 GULF BLVD		19501 GULF BLVD							
INDIAN SHORES FL 33785 INDIAN		INDIAN SHORES FL 33785	AN SHORES FL 33785			DO NOT WOR	FE IN THIS	PDACE	
US US.					DO NOT WRIT	E IN ITIO	SPACE_		
						3. Date incorporated or Qualifed 10/03/1995			
2. Principal Plac	ice of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26			_	59-3342340			Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		T	5 Additional
22		27				3. Schillage of States 2 states		Fee	Required
City & State		City & State				6. Election Campaign Financing			00 May Be
23		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the curre	ent year Inta		
24	25		30			Personal Property Tax.		☐ Yes_	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered A	lgent_	
IE 4 M	MONTANIA		1	81 1	Name				
JEAN MONTANA				32	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
	GULF BLVD		_		<u> </u>				
INUIA	N SHORES FL 33785		1	83					
			-	84 (City			85 2	ip Code
			1		•		FL		
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the about	ove-n	named corpo	pration submits this statement for the	purpose of o	manging tment as	its registered registered
agent. I am	o the provisions of Sections 607.0502 gistered agent, or both, in the State o n familiar with, and accept the obligation	ons of, Section 607.0303, Fiol	iua Statut	.63.			purpose of on the appoint	tment as	its registered s registered
agent. I am SIGNATURE	n Tamiliar with, and accept the obligation	and title if applicable. (NOTE:	Registered A	.63.		when reinstating)	DATE		
agent. I am SIGNATURE 12.	n Tamiliar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered A	gent si			DATE		CTORS IN 12
SIGNATURE SIGNATURE TILE	Fignature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered A	gent si		when reinstating)	DATE	D DIREC	CTORS IN 12
SIGNATURE S 12. TITLE NAME	Fignature, typed or printed name of registered agent OFFICERS AND P MONTANA, JEAN	and title if applicable. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAM	gent si E	algnature required	when reinstating)	DATE	D DIREC	CTORS IN 12
SIGNATURE S 12. TITLE NAME STREET ADDRESS	Fignature, typed or printed name of registered agent OFFICERS AND P MONTANA, JEAN 19501 GULF BLVD	and title if applicable. (NOTE:	Registered A 13. 1.1 TITL 12 NAW 1.3 STR	gent si E EET AL	DDRESS	when reinstating)	DATE	D DIREC	CTORS IN 12
SIGNATURE S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P MONTANA, JEAN 19501 GULF BLVD INDIAN SHORES FL	and title if applicable. (NOTE) DIRECTORS	Registered A	E E EET AL Y-ST-Z	DDRESS	when reinstating)	DATE	D DIREC	CTORS IN 12 ge
SIGNATURE S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P MONTANA, JEAN 19501 GULF BLVD INDIAN SHORES FL S	and title if applicable. (NOTE:	Registered A 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CIT	gent si E tE EET AL Y-ST-Z	DDRESS	when reinstating)	DATE	D DIREC	CTORS IN 12 ge
SIGNATURE STREET ADDRESS CITY- ST-ZIP TITLE NAME NAME NAME	P MONTANA, JEAN 19501 GULF BLVD INDIAN SHORES FL S EVELAND, JANINE	and title if applicable. (NOTE) DIRECTORS	Registered A 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAW	E E EETAL Y-ST-Z E	DDRESS	when reinstating)	DATE	D DIREC	CTORS IN 12 ge
Agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	P MONTANA, JEAN 19501 GULF BLVD INDIAN SHORES FL S EVELAND, JANINE 11519 117TH AVENUE	and title if applicable. (NOTE) DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CIT) 2.1 TITL 2.2 NAW 2.3 STR	E EET AL Y-ST-Z E	DDRESS DDRESS	when reinstating)	DATE	D DIREC	CTORS IN 12 ge
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP