

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000083171 (5)

1. Corporation Name:

BEACON REALTY, INC.

Principal Place of Business:

4823 BEACON ROAD
PALMETTO FL 34221

Mailing Address:

4823 BEACON ROAD
PALMETTO FL 34221



2. Principal Place of Business:

21 810 4th AVE W.
Suite, Apt. #, etc.

22 City & State:

23 PALMETTO FL

24 Zip:

34221

25 U.S.A.

2a. Mailing Address:

26 P.O. BOX 1376
Suite, Apt. #, etc.

27 City & State:

28 PALMETTO FL 34220

29 Zip:

34220-1376

30 U.S.A.

3. Date Incorporated or Qualified:
10/24/1995

3a. Date of Last Report:

4. FEIN Number:

65-0585684

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

10. Name and Address of New Registered Agent:

g. Name and Address of Current Registered Agent:

FACH, ERIC C
4823 BEACON ROAD
PALMETTO FL 34221

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

83

84 City:

FL

85 Zip Code:

11. Pursuant to the provisions of Sections 607.0102 and 607.1512, 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 607.0105, Florida Statute.

SIGNATURE:

12. OFFICERS AND DIRECTORS:

1. TITLE	D	[] DELETED
2. NAME	FACH, ERIC C	
3. STREET ADDRESS	4823 BEACON ROAD	
4. CITY, ST., ZIP	PALMETTO FL 34221	
5. TITLE		[] DELETED
6. NAME		
7. STREET ADDRESS		
8. CITY, ST., ZIP		
9. TITLE		[] DELETED
10. NAME		
11. STREET ADDRESS		
12. CITY, ST., ZIP		
13. TITLE		[] DELETED
14. NAME		
15. STREET ADDRESS		
16. CITY, ST., ZIP		
17. TITLE		[] DELETED
18. NAME		
19. STREET ADDRESS		
20. CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge and belief, true and correct, and that the information is true and correct as of the date of filing. 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 from an individual to a firm or a firm.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96

AD 3-26

CR2E034 (12/95)