## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90059 004 \*\*\*150.00

## DOCUMENT # P95000089215

BEADS, F.O.B., INC.

Principal Place of Business Mailing Add		Mailing Address	Idress				
2312 GULF GATE DRIVE 2312 GULF		2312 GULF GATE DRIVE	JLF GATE DRIVE				
SARASOTA FL 34231 SARASOTA FL 34231		SARASOTA FL 34231			DO NOT WRITE IN TH	US SPACE	
US US		US			3. Date Incorporated or Qualifed	- OF AGE	
					11/21/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Anr	olied For
				65-0643384	<u>``</u>	Applicable	
26   Suite, Apt. #, etc.   Suite, Apt. #, etc		Suite Apt # etc				\$8.75 A	
					5. Certifcate of Status Desired	Fee Red	j.
22 27 27 27 27 27 27 27 27 27 27 27 27 2			City & State		6. Election Campaign Financing	\$5.00	May Be
¬,		<b>⊢</b> ′			Trust Fund Contribution	Added to	- 1
<b>23</b> Zip			Country		8. This corporation owes the current year	Intangible	
		0		Personal Property Tax.		□No	
24	9. Name and Address of Currer				10. Name and Address of New Register	ed Agent	
			81	Name			
ROKNICH, NICK III			82	Stroot Addr	ess (P.O. Box Number is Not Acceptable)		
1819 MAIN ST		62	Sueer Addin	ess (P.O. Box Number is Not Acceptable)			
SUITE 610			83				
SARASOTA FL 34236						750 C	
			84	City	· F	L 85 Zip C	,oue
office or re agent. I as SIGNATURE	agistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida. Such change was auth ations of, Section 607.0505, Florid	a Statutes	the corporation		politiment as reg	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addiddis
NAME	MO11171002; Mallimit 2		1.2 NAME				Ì
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREET	ADDRESS			ļ
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Charac	- Addition
TITLE	☐ D€LETE 2.1 TO		2.1 TITLE			Change	Addition
NAME	22 N		2.2 NAME				1
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP				- Addition
TITLE	- 1		3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		F7 01	T Addition
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			4	TADDRESS			
CITY-ST-ZIP		<u> </u>	5.4 CITY-S	T-ZIP			□ A-J-1:e
THE SECTION		6.1 TITLE			☐ Change	Addition	
NAME	VAME 6.21		6.2 NAME				

CITY-ST-ZIP 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 a other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941 921-0871