

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000090631 (9)**

1. Corporation Name

NORTH SHORE RENTALS, INC.

NAME CHANGED TO NORTH BEACH RENTALS, INC. 12/19/95



Principal Place of Business: **28100 U.S. 19 NORTH, SUITE 502 CLEARWATER FL 34621**
Mailing Address: **28100 U.S. 19 NORTH, SUITE 502 CLEARWATER FL 34621**

3. Date Incorporated or Qualified: **11/28/1995**
3a. Date of Last Report: **New**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **4**
 Applied For
 Not Applicable

Suite, Apt. #, etc.: **22**
City & State: **23**

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

City & State: **23**
City & State: **27**

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

Zip: **24** Country: **25**
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name: **Ramon Carrion, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable): **28100 U.S. 19 North, Suite 502**
83 City: **Clearwater**
84 City: **Florida** FL 85 Zip Code: **34621**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent's name is required in the registration)

2-15-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Tom DeWilde	
STREET ADDRESS	329 6th Avenue	
CITY-STATE-ZIP	Indian Rocks Beach, FL 34635	
TITLE	Vice President/Treasurer	<input type="checkbox"/> DELETE
NAME	Kimberley Bowman	
STREET ADDRESS	13098 Cumberland Drive	
CITY-STATE-ZIP	Largo, FL 34643	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

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*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Kimberley A. Bowman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96
DATE

813/442-8802
DAYS/PHONE #

CR2E034 (12/95)

[Handwritten initials]
2-15-96