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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091257 (2)

BEACH STREET COTTAGES, INC.

Principal Place of Business

Mailing Address

FILED May 06 1998 8:00am Secretary of State



1077 HIGHWAY 98 EAST SECOND FLOOR DESTIN FL 32541		P.O. BOX 778 Shalimar FL 32579		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/15/1995			
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 59-3350879	 	oplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Cortificate of Status Desired S8.75 Additional			
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the current year Intangible		
24	25 S. Name and Address of Curre	pt Pagistered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
Name and Address of Current Registered Agent CLARY, CHARLES W Name and Address of New Registered Agent Name Name							-
3 OLD FERRY ROAD				ļ	Harris (D.O. Day Number in Not Acceptable)		
	LIMAR FL 32579		82	Street AC	ddress (P.O. Box Number is Not Acceptable)		
			83				
	•		84	City	FL	85 Zip	Code
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 Storature typed or certified same of provided game at provided agent and titled agridacible. (INCIE: Registered Agent signature required when reinstaing). DATE							
	Signature typed or printed name of registered as			ent signature re	quired when reinstating) DAYE ADDITIONS/CHANGES TO OFFICERS AND	ח מומנית ה	29 IN 12
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME	CLARY, CHARLES W	-					
STREET ADDRESS	3 OLD FERRY ROAD			T ADDRESS			
CITY-ST-ZIP	SHALIMAR FL 32579		1.4 CITY-1	ST-ZIP			
TITLE	DV DELE		2.1 TITLE			Change	Addition
NAME	CLARY, CHARLES W III		2.2 NAME				
STREET ADDRESS	37 COUNTRY CLUB DRIVE, I	E	2.3 STREE	1 ADDRESS			
CITY-ST-ZIP	DESTIN FL 32540 STD	DELETE	2. 4 CITY -	ST-ZIP		Change	Addition
TITLE	CLARY, CAROL ANN	□ occeit	3.1 TITLE 3.2 NAME			C Cuantic	
NAME STREET ADDRESS	813 MAIN STREET			1 ADDRESS			
CITY-ST-ZIP	DESTIN FL 32541		3.4. CITY-	1			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		<u> </u>	[1] 12000.
TITLE		∐ DEL ete	5.1 TITLE			Change	Addition
NAME			5.2 NAME	T 40000000			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE	<u> </u>	DELE TE	5.4 CITY - 6.1 TITLE	51-4IP		Change	Addition
NAME		.,,-	6.2 NAME			·	
STREET ADDRESS				1 address			
CITY-ST-ZIP			6.4 CfTY-	ST-ZiP			
	adh, that the information numbical	with this filing door not evalify t			in Section 119 07/3\(ii) Florida Statutes, Lifurther or	artify that the	information

In hereby certify that the information supplied with this filing does not quality 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.