

4-17-97 B-4847 NC
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000091312 (5)
 1. Corporation Name
BEAU VISTA DEVELOPMENT CO.



Principal Place of Business: **1180 SYLVERTIS WATERFORD MI 48328**
 Mailing Address: **1180 SYLVERTIS WATERFORD MI 48328-2028**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		11/30/1995	02/13/1996
22. City & State		27. City & State		4. FEI Number	Applied For
23. Zip		28. Zip		59-3351221	Not Applicable
24. Country		29. Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country		30. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 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: *Daniel C Beaudoin* DATE: **4-13-97**

Signature typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUDOIN, MICHAEL H	1.2 NAME	
STREET ADDRESS	1803 MADDY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEEGO HARBOR MI 48320	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUDOIN, DANIEL C	2.2 NAME	
STREET ADDRESS	1292 LABROSSE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WATERFORD MI	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Daniel C Beaudoin* DATE: **4-13-97**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

810-6740020
 Daytime Phone #

CR2E034 (9/96)