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

P96000003947 (4)

FILED Jan 22 1998 8:00am Secretary of State

BEACH	I RETREAT ON CASEY K	EY, INC.				
Principal Plac	e of Business	Mailing Add	dress			L LOBENDER LING LIDING CHAN COUNT BRAIL BEALL COUNT CAILE CHART CHART CHART HACK HACK
105 CASEY KEY RD 105 CASEY KEY RD						
NOKOMIS FL 34275 US NOKOMIS FL 34275 US						DO NOT WRITE IN THIS SPACE
		•				3. Date Incorporated or Qualified 01/15/1996
2. Principal Place of Business 2a. Mailing Address			Address	•		4. FEI Number Applied For
21		26	26			65-0640499 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22 27						Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23 28						Trust Fund Contribution Added to Fees
Zip	Country Zip Cou		Country	<i>†</i>	8. This corporation owes or has paid the current year Intangible	
24	25			30		Personal Property Tax due June 30. 🛂 Yes 🗌 No
	9. Name and Address of Cur	rent Registered Ag	ent	-		10. Name and Address of New Registered Agent
	ACRAE, DAVID N			81	Name	
1500 CASEY KEY ROAD NOKOMIS FL 34275			82	Street A	Address (P.O. Box Number is Not Acceptable)	
				83		
				84	City	FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	m familiar with, and accept the ob	oligations of, Section	607.0505, Flori	s, the abov uthorized b ida Statute	e-named of y the corp s.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered		. (NOTE:		ent signature r	required when reinstating) DATE
12.		AND DIRECTORS	DELETE	13.	—т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D MACDAE DAMEN	L	DELETE	1.1 TITLE	-	Change Addition
NAME	4844 04084 1484 5045		1.2 N/			
MOVOLIO PLAVATE					ADDRESS	
CITY-ST-ZIP	NOROMIS PL 34275		1.4 CITY-ST-ZIP		Chara	
TITLE				2.1 TITLE	1	Change Addition
NAME			2.2 NAME			
STREET ADDRESS				2.3 STREET		
CITY-ST-ZIP	<u> </u>	т	DELETE	2. 4 CITY-	ST-ZIP	Change Addition
TITLE		L	Dereit	3.1 TITLE		C) Change C) Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET		
CITY-ST-ZIP TITLE			DELETE	3.4. CITY-1	ST-ZIP	Change Addition
		Ļ		4.1 TITLE		
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET		
C/TY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CITY - S	1-ZIP	☐ Change ☐ Addition
TITLE		L		5.1 TITLE	l	☐ Criange ☐ Madition
NAME CYPEET ADDRESS				5.2 NAME	4000E00	
STREET ADDRESS				5.3 STREET	į	
CITY-ST-ZIP			DELETE	5.4 CITY - S	1-ZIP	Change Addition
TITLE		L		6.1 TITLE	1	☐ Change ☐ Addition
NAME OZDECZ ADDOCCO				6.2 NAME	1DDDCCC	
STREET ADDRESS				6.3 STREET		
14. Lhereby c	ertify that the information supplier	d with this filing does	not qualify for	64 CiTY-S		rd in Section 119 07(3)(i). Florida Statutes, Liurther certify that the information

indicated on this annual report or supplied will finish lining does not quality for the exemption stated in section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report or supplied fundal 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 processor 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 application with an address. DAVID MACRAE

941-485-8171