

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90001 031 ***150.00

DOCUMENT # P96000006124

1. Corporation Name

BEANCOUNTERS ENTERPRISES, INCORPORATED

Principal Place of Business

702 NW SUNSET DR
STUART FL 34994
US

Mailing Address

702 NW SUNSET DR
STUART FL 34994
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

65-0635303

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 408 NE Alice St.
Suite, Apt. #, etc.

22 Jensen Beach, FL
City & State

23 34957 US
Zip Country

24 34957 25 US

2a. Mailing Address

26 408 NE Alice St.
Suite, Apt. #, etc.

27 Jensen Beach, FL
City & State

28 34957 US
Zip Country

29 34957 30 US

9. Name and Address of Current Registered Agent

JONES, MATTHEW L
759 S FEDERAL HWY
STE 212
STUART FL 34994

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DP
NAME SMITH, JAMES A IV
STREET ADDRESS 702 N.W. SUNSET DRIVE
CITY-ST-ZIP STUART FL

TITLE ST ☐ DELETE

NAME SMITH, W MARIE
STREET ADDRESS 702 NW SUNSET DR
CITY-ST-ZIP STUART FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP
Smith, James A IV

1.3 STREET ADDRESS 408 NE Alice St.

1.4 CITY-ST-ZIP Jensen Beach, FL 34957

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ST
Smith, W. Marie

2.3 STREET ADDRESS 408 NE Alice St.

2.4 CITY-ST-ZIP Jensen Beach, FL 34957

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

0514363

CR2F034 (1/1/98)