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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600007908 (2)

LA BEACON PLAZA, INC.

FILED May 19 1997 8:00am Secretary of State



| Principal Place of Business 11207 N 56TH ST. SUITE 1 TEMPLE TERRACE FL 33617 | Mailing Address 11207 N 56TH ST. SUITE 1 TEMPLE TERRACE FL 33617 | | | | |
|---|--|--|---|--------------------------------|--|
| | | | Date Incorporated or Qualified 01/25/1996 | 3s. Date of Last Report | |
| Principal Place of Business The Principal Place of Business | 2a. Mailing Address 26 | | 4. FEI Number 59-33673/6 | Applied For Not Applicable | |
| Suite, Apt #, etc. | Suite, Apt. #, etc. | | 6. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip Country 25 25 | | Country 6 | | Yes No | |
| | of Current Registered Agent | | 10. Name and Address of New Rec | elstered Agent | |
| Martino, Thomas S 2112 N 15TH ST, Suite 150 Tampa FL 33805 |) | 82 Street Add | | wite "1 | |
| office or registered agent, or both, in agent, I am familiar with and accept SIGNATURE. | s 607.0502 and 607.1508, Florida Statutes the State of Florida Such change was authe obligations of, Spection 607.0505, Flor | the above-named corpora | tion's board of directors. I hereby accep | the appointment as registered | |
| 12. FINNE CHILLIAN OFFI | CERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 | |
| D CHILLURA, FRANK STREET ADDRESS OTTY STORM OTTY STORM TEMPLE TERRACE FL | | 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip | | ☐ Change ☐ Addition : | |
| TILLE NAME STREEL ADDRESS CITY-SE ZIP | ☐ DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | Change Addition | |
| THLE NAME SIREE* ADDRESS COREST AP | DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP | | ☐ Change ☐ Addition | |
| THE NAME STREET ADORESS | ☐ DELETE | 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS | | Change Addition | |
| CITY-ST-7/P THEF NAME STREEL ADDRESS | ☐ DELETE | 51 TITLE 52 NAME 53 STREET ADDRESS | | Change Addition | |
| CHY-ST-ZIP TITLE NAME STREEL ADDRESS | ☐ DELETE | 6.1 Title 6.2 Name 6.3 Street Address | | Change Addition | |
| 14. I do hereby certify that the information | in supplied with this filing does not qualify | 64 CITY-ST-ZIP | d in Section 119.07(3)(i), Florida Statutes | . I further certify that the | |

. 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; the larn 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 or an attachment with an address.

SIGNATURE

LATURE AND TYPES OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97 (813)188-4477