

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

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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000008380 (3)**

1. Corporation Name
BEACHSIDE CONSULTING ENGINEERS, INC.



Principal Place of Business 1957 SEMINOLE RD. ATLANTIC BEACH FL 32233	Mailing Address 1957 SEMINOLE RD. ATLANTIC BEACH FL 32233-5917
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3. Date Incorporated or Qualified 01/23/1996	3a. Date of Last Report N/A
4. FEI Number 59-3366147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 P.O. Box 331118
22 City & State	27 Atlantic Beach, FL
23 Zip	28 32233-1118
24 Country	29 USA

9. Name and Address of Current Registered Agent
**EAKIN, PAUL M
559 ATLANTIC BLVD., STE. 4
ATLANTIC BEACH FL 32233**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 of typist (print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> DELETE
1. DPST MOORE, MARTHA L		
2. 1957 SEMINOLE RD.		
3. ATLANTIC BEACH FL 32233		
TITLE	NAME	<input type="checkbox"/> DELETE
4.		
TITLE	NAME	<input type="checkbox"/> DELETE
5.		
TITLE	NAME	<input type="checkbox"/> DELETE
6.		
TITLE	NAME	<input type="checkbox"/> DELETE
7.		
TITLE	NAME	<input type="checkbox"/> DELETE
8.		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS		
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: Martina L. Moore 3.27.97 304.247.6858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)