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

PROFIT
CORPORATION
ANNUAL REPORT
1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

352 895 077/

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000008955 (2)

BEVERLEY'S PROMOTIONS, INC.

Principal Place of Business Mailin		Mailing Address		T CORREST TO THIS DIVIL ESKI ORIN STAIL OPIN ESSOL INTER THUS SITT SIT INDI	
125 BLUE RUN DRIVE DUNNELLON FL 34432		125 BLUE RUN DRIVE DUNNELLON FL 34432			
				3. Date Incorporated or Qualified 01/29/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Ad		2a. Mailing Address		4. FEI Number	Applied For
21 26				59-335-8388	Not Applicable
		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Cily & State	***************************************	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ziρ	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Cur	29 29	[30]	Florida Statutes 10. Name and Address of New Reg	Yes No
THE	LAW FIRM OF LAWRENCE J		81 Name		lietalen währit
	ALMERIA AVENUE	OFIEGEL OTHER	→	- 11.1	
	RAL GABLES FL 33134		82 Street Add	ress (P.O. Box Number is Not Acceptable BIVE KWW DRVE	ie)
· · · ·	The Grand of E sold of		83		
			84 City		as Zip Code
	Δ			MNELLOW	FL 34452
11. Porsuant	to the provisions of Sections 607.	.0502 and 607,1508, Florida Statut	tes, the above-named corpora	poration submits this statement for the pution's board of directors. I hereby accept	urpose of changing its registered
agent l'a	am familiar with, and accept the of	ligations of Section 607.0505, Fire	orida Statutes.	ation's board of directors. I hereby accep	La
SIGNATURE	John P	· Kakuo		2/3	14/47
12.	Signature, typed or portal dinarie of registered OFFICERS	id aghate fullitle if applicable (NOTI	TE: Registered Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TITLE		Change Addition
NAME	DEAKINS, BEVERLEY V		1.2 NAME		
STREET ADDRESS	AND DELLE DUBL DONE		1.3 STREET ADDRESS		
CITY - S1 - ZiF*	DUNNELLON FL 34432		1.4 CITY - ST - ZIP		
TITLE	VID	☐ DELETE	21 TITLE		Change Addition
NAME	DEAKINS, JOHN P		2 2 NAME		
STREET ADORESS	1		2 3 STREET ADDRESS		
CITY-S1-ZIP	DUNNELLON FL 34432	DELETE	2 4 City-St-ZIP		Change C Addition
TITLE		∏ νετει ε	31 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
STREET ADORESS OITY-ST- ZIF			3.4. CITY-ST-ZIP		
THILE		DELETE	4.1 Title		☐ Change ☐ Addition
NAME			4. 2 NAME		 -
STREET ADDRESS			4.3 STREFT ADDRESS		
011Y+S1+ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREFT ADDRESS		
C(1Y - S1 - 7)F		DCLETE	5.4 CITY-ST-ZIP		Change Addition
THILE		L DELETE	61 TITLE		Change Addition
NAME CHOILL ASSESSED			6 2 NAME 6 3 Street Address		
STREET ADDRESS City+St+ZIP			64 CITY-ST-ZIP		
14. Ldo here	Learning that the information sup-	oblied with this filing does not qual-	lify for the exemption states	ed in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
informatio	ion indicated on this annuar report officer or director of the coloration	for supplemental annual report is t	true and accurate and that wered to execute this repo	at my signature shall have the same legal ort as required by Chapter 607, Florida S	il effect as if made under oath; tha

NTED MANE OF SIGNING OFFICER OR DIRECTOR