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PROFIT **CORPORATION** ANNUAL REPORT

SIGNATURE: -



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # (96 0000 19420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SECRETARY OF STATE TALLAHASSEE FLORIDA

Beach Buldons of NOSTH West FLURIDA I INL Principal Place of Business 135 EAST QUEF BROCK DY ST George Island, In 3232X 3. Date Incorporated or Qualified 3a. Date of Last Report 1296 396 4. FEI Number 2a. Mailing Address 2. Principal Place of Rusiness Applied For 26 21 Not Applicable Sute Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 26 Ζφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) BEALH DV 700002108477-- -03/10/97--01032--001 83 ****330.00 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE tage at most years or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-instating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Change Addition 11 TITLE 11111 Preside NAMI 1.2 NAME 1.3 STREET ADDRESS STELL ADILY 14 CITY-ST-ZIP THY SI-ZIE Change 71716 21 TITLE Addition NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS OTY 51 769 2. 4 CITY - ST-ZIP DELETÉ Change Addition T:1 F 3 1 TITLE NAMI 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 City-51-7P ODY 51 20 Change Addition 4.1 TITLE 1.116 4 2 NAME NAME 4.3 STREET ADDRESS STELLIACTORS 4.4 City - St - ZiP City St. 705 DELETE Change ___ Addition THE 51 TITLE NAM 5.2 NAME ソフィグラッ にほ 5.3 STREET ADDRESS 5/REET 40/09/ESS 5.4 CITY - ST - ZIP 0:45 51 Change Addition 61 TITLE 111.4 NAME 6.2 NAME \$1-6 1 ALC:9535 6.3 STREET ADDRESS 64Y St 70E 6.4 CITY-ST-ZIP 14. I do be reby certify that the information supplied with this filling 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 update in the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my not appears in Brock 12 or Block 13 if changed, or on an all achieves.