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 # P96000020037 (3)

WHITEY'S BEACH PLACE, INC.

FILED Jun 09 1997 8:00am Secretary of State



Principal Place of Business Mailing A						1 18011001 118 1		49 779 11914 58 111 4815	• (14)(1 88) (8 1	3 1
2405 GULF BLVD. INDIAN ROCKS BEACH FL 34835		2405 GULF BLVD. INDIAN ROCKS BEACH FL 33785-3058								
						3. Date Incorp 03/01/199	oraled or Qualified	3a. Date of L	ast Report	
	Place of Business		2a. Mailing Addre	3S		4. EEJ Number	0100	- 1	Applied	For
21			26			1373.	36376	06	Not App	licable
Suite, Apt.	#, etc.		Suite, Apt #, e	tc.		5 Cartificate o	.		75 Additio	nat
22			27			5. Cerlificate of Status Desired Fee Required				t
City & State			City & State			6. Election Campaign Financing \$5.00 May Be			Ве	
23			28			Trust Fund Contribution				
Zip	Count	· -	Zιρ =-1		ountry		ation has liability fo <u>r i</u>		der s. 199.0	032,
24	9. Name and Addr		29	30		Florida Statu		Yes No		
000			gistered Agent		81 Name-	10. Name and	Address of New Re	gistered Agent		
CORPORATION SERVICE COMPANY 1 201 HAYS STREET TALLAHASSEE FL 32301-2525					82 Street Ad	DAVIO Igress (P.D. Box Num	CHZC Iber is Not Acceptab	stings	<u>स</u> ह	-
					83	1 - T	<u> </u>			
					84 Cily	MA PAN	->1/Q/Y		Zio Codo	4
					84 Cily			FL 85	Zip Code	85
11. Pursuant office or ragent. I a	to the provisions of Sho egistered agent, or by im familiar with and ac	tions 60,40402 an h, in the State of F cept the obligation	d 607,1508, Florida lorida: Such chang s n t, Section 607,0	Statules, the was authorize 505, Florida	above harred of red ty the ourper latutes:	prporation submits this ation's search of direc	s statement for the potents. I hereby accep	urpose of chang it the appointmen	ng its regist	stered
SIGNATURE	Signature, typed or printed name	ide	MESTI	ws."	ored Agent signature req	quired when religion	410	1919 +		
12.	(DEFICERS AND DI		13	3.	ADDITIONS/C	CHANGES TO OFFIC	ERS AND DIREC	TORS IN	9
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NAME	Clavence	e Leero	dam	1.2	NAME				,	
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NAME					NAME					
STREET ADDRESS				6.3	STREET ADDRESS					
CITY-ST-ZIP				64	CITY-S1-7IP					

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 employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 in changed, or on an attachment with an address.