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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01 1997 8:00am Secretary of State

DOCUMENT #	P96000021049	(7)
1. Corporation Name		1.1

	BEACH, INC.	00021049 (7				
Principal Place of Business 17875 COLLINS AVENUE NORTH MIAMI BEACH FL 33160		Mailing Address 17875 Collins Aven North Miami Beach		1 1001/801 416 (61/6 04/1) 00/11 00/11 00/11 00/11 00/14 1/04 1/04		
				3. Date Incorporated or Qualified 3s. Date of Last Repor 03/06/1996	t	
2. Principal f	Place of Business	2s. Mailing Address		4. FEI Number Applied	d For	
1	H at	Suite, Apt. #, etc.			plicable	
Suite, Apt	#, ett.	27 Suite, Apr. #, etc.		Certificate of Status Desired See Regulre See Regulre		
City & Stat	le	City & State		8. Election Campaign Financing \$5.00 May		
3	The second secon	28		Trust Fund Contribution		
Zip '''T	Country	Zip	Country	8. This corporation has liability for intanoitale tax under s. 199 Florida Statutes	9.032,	
<u>. </u>	25 9. Name and Address of Cu	29 irrent Registered Agent	30	Fiorida Statutes Yes No 10. Name and Address of New Registered Agent		
RR(OWN, GARY L		B1 Name			
	03 BISCAYNE BLVD.		B2 Street Add	trace (P.O. Box Number is Not Acceptable)		
	ENTURA FL 33180		9500		~	
			83 Mi	mi PC 33156		
			84 City	85 Zio Code	8	
I Parement	to the eveninger of Sections 607	0502 and 607 1508 Florida \$	tatutes the above named cor	reporation submits this statement for the purpose of changing its rec	nictored	
office or	registered agent, or both, in the S	State of Florida. Such change v	was authorized by the corpora	the state of distance of the state of the particular and the state of	ctored	
			E Florida Statutos	ation's board of directors. I nereby accept the appointment as regi-	Siereu	
	airt fairle air willt, and accept the o	obligations of, Section 607.050	5 Fjorida Statutes.	rporation submits this statement for the purpose of changing its regation's board of directors. I hereby accept the appointment as regions 3.74473.2	Siereu	
SIGNATURE	Service typed to proved name of registers	— <u> </u>	Fjorida Statutes. (NOTE: Registered Agent signature requ	uired when reinstaling) DATE		
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a report is true and accurate and that my signature shall have the same legal effect as it made under or five empowered to execute this report as required by Chapter 607, Florida Statufes; and that my name with an address.

SIGNATURE: