

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000021106 (5)

1. Corporation Name
SOUTH BEACH HOME SYSTEMS, INC.



Principal Place of Business 4902 GOLDEN GATE PARKWAY NAPLES FL 33999	Mailing Address 4902 GOLDEN GATE PARKWAY NAPLES FL 34116-6975
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2. Principal Place of Business 21 1150-L POWER ST Suite, Apt. #, etc. 22 City & State 23 NAPLES FL Zip 24 34104 Country 25 COLLIER 26		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 City 30		3. Date Incorporated or Qualified 03/07/1996	3a. Date of Last Report
				4. FEI Number 59-3447210	Applied For Not Applicable
				5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HOBSON, JUNE
4902 GOLDEN GATE PARKWAY
NAPLES FL 33999

10. Name and Address of New Registered Agent

1 Name HOBSON JUNE
2 Street Address (P.O. Box Number is Not Acceptable)
1150-L POWER ST
3
4 City NAPLES FL 85 Zip Code 34104

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	STREET ADDRESS	DATE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE	NAME	STREET ADDRESS	DATE	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 199.03(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true 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 file 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 affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E034 (9/96)