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FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moorman, Secretary of State
DIVISION OF CORPORATIONS



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1150-G POWER ST		26		03/07/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 NAPLES FL		28		59-3447210	Not Applicable
24 34104		25 COLLIER		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
HOBSON, JUNE 4902 GOLDEN GATE PARKWAY NAPLES FL 33999				Yes <input type="checkbox"/> No <input type="checkbox"/>	

10. Name and Address of New Registered Agent	
1 Name	HOBSON JUNE
2 Street Address (P.O. Box Number is Not Acceptable)	1150-G 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, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Pres	TEDDY CHARBERS	1150-G POWER ST	NAPLES FL

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***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 199.04(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is 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 employed by the corporation and that my name and title as such appear on 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)