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Jun 19 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000022698 (0)

1. Corporation Name
BESKIT CORPORATION

Principal Place of Business
1800 FLORA ROAD
CLEARWATER FK 34615

Mailing Address
1800 FLORA ROAD
CLEARWATER FK 34615-1516



2. Principal Place of Business
21 13009 LAKE KARL
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 6179
Suite, Apt. #, etc.

22 City & State
23 HUDSON FL.

27 City & State
28 HUDSON FL.

24 34669 25 PASCO

29 34674 30 PASCO

3. Date Incorporated or Qualified
03/12/1996

3a. Date of Last Report
FIRST

4. FEI Number
59-7364457

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIRISKA, JOANNE
6822 22ND AVE. NORTH
SUITE 277
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name PAUL FLOYD
82 Street Address (P.O. Box Number is Not Acceptable)
3322 CARLTON ARMS DR
83
84 City TAMPA FL 85 Zip Code 33614

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 *[Signature]*

(NOTE: Registered Agent's signature required when reinstating)

DATE

6/16/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRESIDENT	DEBRA KITSON	1900 FLORA RD	CLEARWATER FL 34615	<input type="checkbox"/>
V. PRESIDENT	ROBERT BESHIER	P.O. Box 4065	CLEARWATER FL 34618	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1	President			<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2	Robert Beshier			<input type="checkbox"/>	<input type="checkbox"/>
1.3	209 Grove Circle S			<input type="checkbox"/>	<input type="checkbox"/>
1.4	DUNEDIN FL 34698			<input type="checkbox"/>	<input type="checkbox"/>
2.1				<input type="checkbox"/>	<input type="checkbox"/>
2.2				<input type="checkbox"/>	<input type="checkbox"/>
2.3				<input type="checkbox"/>	<input type="checkbox"/>
2.4				<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>
3.3				<input type="checkbox"/>	<input type="checkbox"/>
3.4				<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 empowered to execute 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 address.

SIGNATURE *[Signature]* *[Signature]*

CR2E034 (9/96)