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 # P9600028728 (9) 1. Corporation Name ELDORADO BEACH PROPERTIES, INC. Principal Place of Business Mailing Address 655 SOUTH GULFVIEW BLVD. CLEARWATER BEACH FL 34630 CLEARWATER BEACH FL 34630 CLEARWATER BEACH FL 34630					
				3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1996	
2. Principal P	lace of Business	2a. Mailing Address		(4.)FEI Number Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59 3394109 Not Applicat	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip 24	Country	Ζφ [20]	Country	(8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24]	25 g. Name and Address of Curren	29 nt Registered Agent]30]	10. Name and Address of New Registered Agent	
GINE	ez, stephan	711	81 Name		
	386 SHEFFIELD CIRCLE			Address (P.O. Box Number is Not Acceptable)	
PALM HARBOR FL 34683			83		
			[63]		
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statu	ites, the above-named		
office or n agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607. 0 505, F	authorized by the corp lo ida Statutes.	corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	<u> </u>	50Han/	(J/NE)	09/27/9/	
	Signature, typed or printed name of registered age		TE Registered Agent signature		
TITLE	OFFICERS ANI	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit	
NAME	GINEZ, ALFRED		1.2 NAME		
STREET ADDRESS	655 SOUTH GULFVIEW BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH FL 3463		1.4 CHY-S1-7IP		
TITLE	D	DELETE	2.1 TITLE	Change Addit	
NAME	CHARPIE, CAROLINE		2.2 NAME		
STREET ADDRESS	' 1721 Sunset Drive Tarpon Springs FL 34689		23 Biree) ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	2. 4 C/TY - S1 - Z/P 3.1 1/1LE	Change Addii	
NAME	GINEZ, STEPHAN	_ ottere	3.2 NAME	ا المالية الما	
STREET ADDRESS	386 SHEFFIELD CIRCLE		3.3 STREET ADDRESS	·	
CITY-ST-ZIP	PALM HARBOR FL 34683		3.4. CITY- \$1-ZIP		
TITLE		DELETE	4.1 THLE	Change Addit	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Doute	4.4 CITY-ST-7IP		
TITLE NAME		[] DELETE	5.1 TALE	Change L. Addit	
STREET ADDRESS			5.2 NAME 5.3 STHEET ADDRESS		
CITY-ST-ZIP			5.4 Crty - St - ZiP		
TITLE		DELETE	6.1 10116	Change Addit	
NAME			6.2 NAME		
STREET ADDRESS			6.3 \$18FF1 ADDRESS		
CITY-ST-ZIP			6.4 CITY+ST-ZIP		
informatio	by certify that the information supplied on Indicated on this annual report of flicer or director of the corporation of in Block 12 or Block 13 if changed	supplemental annual report is	true and accurate and wered to execute this r	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the I that my signature shall have the same logal effect as if made under oath; I report as required by Chapter 607, Florida Statutes; and that my name	

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May 08 1997 8:00am

Secretary of State