

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 31 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000030672 (5)**

1. Corporation Name  
**BEACHAM PUBLISHING CORPORATION**



Principal Place of Business <b>46 N WASHINGTON BOULEVARD #1 SARASOTA FL 34236</b>	Mailing Address <b>46 N WASHINGTON BOULEVARD #1 SARASOTA FL 34236-5977</b>
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3. Date Incorporated or Qualified <b>04/01/1996</b>	3a. Date of Last Report <b>N/A</b>
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2. Principal Place of Business 21 <b>1416 CASEY KEY ROAD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>PO Box 830</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0661239</b>	Applied For Not Applicable
22 City & State <b>NOKOMIS FL</b>	27 City & State <b>Osprey, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip <b>34275</b>	28 Zip <b>34229</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PATTERSON, JOHN 46 N WASHINGTON BOULEVARD #1 SARASOTA FL 34236</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D PATTERSON, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>46 N WASHINGTON BOULEVARD #1</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL 34236</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>D, P, T BEACHAM, E. WALTON</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>1416 CASEY KEY ROAD</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>NOKOMIS FL 34275</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>D, VP, S BEACHAM, DEBORAH</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1416 CASEY KEY ROAD</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>NOKOMIS FL 34275</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *E. Walton Beacham* (941) 485-5887  
**E. WALTON BEACHAM, President** 3-26-97  
 Date Daytime Phone #

CRE034 (9/96)