PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED May 08, 1999 8:00 am Secretary of State 05-08-1999 90001 023 ***150.00

	MENT # P9600 R BEACH GARDEN CLUB) •							
Principal Place of Business Mailing Address 4 SUMMERHAVEN TRAIL UNIT 1 44 SUMMERHAVEN TRAIL. ESTIN FL 32541 DESTIN FL 32541			ven trail. Unit	UNIT 1				WRITE IN TH		16 (Blet ståt (20)
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-	Place of Business	2a. Mailing Ad	ldress			4. FEI N	umber 380448		h	Applied For Not Applicable
Suite, Apt. :	# etc	26 Suite, Apt.	#, etc.	. ,				ed 🛘	 	Additional
	. 01 4.4.	27				5. Certifo	ate of Status Desir	eo 17	Fee	Required
City & State	ia	City & Sta	le				n Campaign Finan	cing 🖂		O May Be
<u>1</u>		28		Country			Fund Contribution			d to Fees
Zip	Country	Zip	30	Country		1	orporation owes the nel Property Tax.	current year	Intangible Yes	□No
<u>L</u>	9. Name and Address of Curr	29				10. Name	and Address of	iew Registere		
				81	Name					
	ENTIN, TAMMY			82	Street Addr	ress (P.O. Bo	x Number is Not Ac	cceptable)		
	ARROW DRIVE				<u> </u>					
DESI	TIN FL 32541			83						
				84	City	'		F	85 Zi	Code
APAR P				the show	n named com	antian aukar	its this statement fr	r the cumose	of changing I	ts registered
4										
 Pursuant office or n 	registered agent, or both, in the Sta	ate of Florida. Such ch	ange was autho	orized by	the corporate	on's board of	directors. I hereby	accept the app	oointment as	registered
 Pursuant office or n agent. I as 	registered agent, or both, in the Sta am familiar with and accept the obli	ate of Florida. Such chaigations of, Section 60	ange was autho 7.0505/ Florida	orized by Statutes	the corporation	on's board of	directors. I hereby	accept the app	oointment as	registerea
	to the provisions of Sections 607.0 registered agent, or both, in the Staum familiar with, and accept the obline familiar with, and accept the obline familiar with provided terms of registered.		once Statutes, usange was autho 7.0505; Florida (NOTE: Regi	rized by Statutes	the corporation	ed when reinstating)	DATE		
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