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

## **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Scoretally of State

## **FILED** Jan 27 1997 8:00am Secretary of State

	1997 <i> -21-97</i> MENT # <b>P9600</b> 0		PORATIONS C	Secret	ary or State
THE BEAU GROUP, INC.  Principal Place of Business 7525 NORTHWEST 61ST TERRACE, UNIT 203 PARKLAND FL 33067		Maring Address 7525 NORTHWEST 61ST TERRACE, UNIT 203 PARKLAND FL 33067-2427			
			1	3. Date Incorporated or Qualified 06/20/1996	3a. Date of Last Report
	lace of Business	2a, Mailino Address		4. FEL Number 65 - (16.7 566)	Applied For
Suite, Apt	#, etc	26 Suite, Apt. # Aln		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	Çiliv & Stote		6. Election Campaign Financing	\$5.00 May Be
23		2p		Trust Fund Contribution	Added to Fees
Zip	Country . 25	29 29	Country 30	This corporation has liability for Florida Statutes	rintangible tax under s. 199.032, Wes Di No
-	9. Name and Address of Curre		501	10. Name and Address of New R	MEN 144 MAN 114
AMERILAWYER CHARTERED 81					
343 ALMERIA AVENUE CORAL GABLES FL 33134			62 Street Add	dress (P.O. Box Number is Not Accepta	ble)
			83		
			84 City		FL 85 Zip Code
11, Pursuant office or ragent. La	to the provisions of Sections 607.056 egistered agent, or both, in the State in familiar with and accept the oblig Segnature typed or panion name of registered ag		s, the above-named couthorized by the corporida Statutes.  Registered Agent signature req	rporation submits this statement for the ation's board of directors. I hereby acco	purpose of changing its registered ept the appointment as registered
12.	·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PSTD	DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	BUTGER, HAROLD 7525 NORTHWEST 61ST TER	RACE, UNIT 203	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067	- I Dougle	1.4 CITY-SI-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY-SI-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY - ST - ZIF		T DE SEC	3.4. CITY-ST-ZIP		
TITLE	 	DELETE	4.1 TITLE		Change Addition
NAME CINCIL ADDRESS			4. 2 NAME		
STREET ADDRESS CITY+S1+7IP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
THE		DELETE	5 1 TITLE		Change Addition
NAME			52 NAME		<del></del>
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIF			5 4 C/TY - ST - ZIP	***************************************	
THILE		DELETE	61 TITLE		Change Addition
NAME			62 NAME	•	
STREET ADORESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		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: