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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000053063

1. Corporation Name

ELECTRIC BEACH INTERNATIONAL, INC.

Principal Place	e of Business	Mailing Address				1.22.000.00						
3260 N. HWY 1	7-92	1875 WENTWOOD COVE										
#104 LAKE MARY FL 32746						DO NOT WRITE IN THIS SPACE						
LONGWOOD FL 32750							3. Date Incorporated or Qualified					
						**	dallied					
		- 14-W- 14				06/21/1996 4. FEI Number				Annli	ed For	
2. Principal P	lace of Business	2a. Mailing Address				J **			\rightarrow		Applicable	
21		26				<u>59-3396653</u>					ditional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status De	sired	Д		Regu		
22		27								<u>-</u> -		
City & State	e	City & State				6. Election Campaign Fin	_			ed to i	ay Be	
23		28		intry		Trust Fund Contribution				30 10 1	1 003	
Zip	Country	Zip	_	iriu y		8. This corporation owes		it year inta	ingible ∐Yes]No	
24	25	29	30	1	. .	Personal Property Tax 10. Name and Address o		nistered A			1140	
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address o	1 14844 170	giatered /	-yent			
CHIA	TH. KEVIN			"	Name							
	WENTWOOD COVE			82	Street A	ddress (P.O. Box Number is Not	Acceptab	le)			'	
	E MARY FL 32746											
LAKE	E MART PL 32/40			83							j	
1				84	City				85 Z	ip Co	de	
					•			<u>FL</u>				
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statu	ites, the a	bove	-named o	corporation submits this statement	for the p	urpose of	changing	its re	gistered stered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	autnonzed Iorida Stat	utes.	me corpo	ration's board of directors. Theret	y accept	alo appoi	itilioni de	, rogic	3.0.00	
CICNATURE											(
SIGNATURE	Signature, typed or printed name of registered age					quired when reinstating)		DATE				
SIGNATURE		nt and title if applicable. (NOT				quired when reinstating) ADDITIONS/CHANGES	TO OFF				_	
		int and title if applicable. (NO	E: Registered	I Agent			TO OFFI		D DIREC		S IN 12	
12.	OFFICERS AN	nt and title if applicable. (NOT	E Registered	I Agent			TO OFF				_	
12.	OFFICERS AN	nt and title if applicable. (NOT	13. 1.1 TI	I Agent TLE AME			TO OFFI				_	
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12. TITLE NAME	OFFICERS AN PT KEVIN SMITH	nt and title if applicable. (NOT	13. 1.1 TI 1.2 No 1.3 S	I Agent TLE AME TREET	ADDRESS		TO OFFI			ge	_	
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14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90069 005 ***150.00