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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000054489 (5)

BEACH CITY, INC.

Principal Place of Business Mailing Address

## FILED Mar 25 1998 8:00am Secretary of State



1508 SOUTH ATLANTIC AVE. 1508 SOUTH ATLANTIC AVE. DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3386260 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Z Yes Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name PASPALAKIS, CHRIS 1508 SOUTH ATLANTIC AVE. Street Address (P.O. Box Number is Not Acceptable) 82 **DAYTONA BEACH FL 32118** 83 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Addition DELETE Change TITLE 1.1 TITLE PASPALAKIS, CHRIS NAME 1.2 NAME 1508 SOUTH ATLANTIC AVE. STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL 32118 CITY - ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THILE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE ■ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby 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.

CICNIATUDE.

Mr. white

7.10.68