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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600054734 (4)

SOUTHPOINT-BEVILLE INVESTORS, INC.

## FILED Apr 13 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing	Mailing Address							
4260 SE 20T PL. #703			4260 S	4260 SE 20T PL. #703						
CAPE CORAL FL 33904				CAPE CORAL FL 33904				DO NOT WRITE IN THIS SPACE		
•								3. Date Incorporated or Qualified		
								06/26/1996		
2. Principal Pl	lace of Busin	wss	2a. Mai	2a. Mailing Address				4. FEI Number Applied For		
21			i	26				65-0685766 Not Applicabl		
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				SR 75 Additional		
22			27	27				5. Certificate of Status Desired		
City & State	0		City	City & State				Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution		
	Zip Country		<del></del> 1	h		Country		8. This corporation owes or has paid the current year Intangible		
24		25 and Address of Cur	29	Agent	30	1		Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent		
1141	<del> </del>		Hatir Magistarat	Agent		81	Name			
	MMER, RIC									
4260 SE 20T PL, #703 CAPE CORAL FL 33904						82	`Street .	et Address (P.O. Box Number is Not Acceptable)		
UAI	PE CUHAL	FL 33904								
						84	City	FL 85 Zip Code		
office or re	na haisteina	ions of Sections 607, jent, or both, in the S th, and accept the of	tute of Florida S	uch change was	authorize	ad be	the con	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Skingline typed	or profiled name of registered	1 accord and title if any	icable (NO	1F: Benisten	ed Ane	ent signature	ure required when reinslating) DATE		
12,	O-g-masse: types		AND DIRECTOR		13.	<del></del> -	A. C. G. L. C.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T D			DELETE		1.1 TITLE		Change Additio		
NAME	HAMMER, RICHARD					MAME				
STREET ADDRESS 4260 SE 20T PL, #703				1.3 S			ADDRESS	s		
CITY-ST-ZIP	CAPE C	ORAL FL 33904			1.4 (	CITY-S	T-ZIP			
TITLE				☐ DELETE	2.1 1	TITLE		Change Addition		
NAME					2.2 1	VAME				
STREET ADDRESS					2.3 9	STREET	ADDRESS			
CITY-ST-ZIP				TT SELECT	_		ST-ZIP			
TITLE				DELETE 3.1 T				☐ Change ☐ Additio		
HAME						VAME				
STREET ADDRESS							ADDRESS	5		
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NAME						NAME				
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP						CITY-S		<b>°</b>		
TITLE				DELETE		TITLE		☐ Change ☐ Additio		
NAME					4	NAME				
STREET ADDRESS							ADDRESS	s		
CITY-ST-ZIP						CITY-S				
TITLE				DELETE		TITLE		☐ Change ☐ Additio		
NAME					6.21	NAME				
STREET ADDRESS					6.3 STREE			s		
	!				<b>.</b>					

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 suppliemental 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:

Picker Affermen

Richard Hanner

4-7-99

941-945-7266