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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P96000057855 (4)

BEANIE & COMPANY, INC.

Principal Place of Business	Mailing Address					
6341 NW 58TH WAY PARKLAND FL 83067	6341 NW 58TH WAY PARKLAND FL 33067					
2. Principal Place of Business	2a. Mailing Address					

FILED May 11 1998 8:00am Secretary of State



21 2 Suite, Apt. #, etc. 22 2 City & State		28. Mailing A 26. Suite, Apt 27. City & Sta 28.	Suite, Apt. #, etc. 27 City & State				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 07/03/1996 4. FEI Number 65-0680759 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	\$8.75 Fee R \$5.00 Added	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
Zip	Country	Zip		Country	/		 This corporation owes or has paid the cu Personal Property Tax due June 30. 		ntangible K i No	
24	25 Name and Address of Curre	29		30			10. Name and Address of New Registered		20 140	
	<u></u>	allt Hogisteren Age	····	81	1	Name	IO. Haine and Realists of New Hogisters	7180		
BLAKE, KARLA L			<u> </u>	L						
	I1 NW 58TH WAY RKLAND FL 33067			82	{	Street Addr	ress (P.O. Box Number is Not Acceptable)			
PA	UNITARIO EL 3300/			83	1					
				84	-7	City	FL	85 Zip	Code	
SIGNATURE	familiar with and accept the obtaining typed or punted name of registered a					s gnature requir	ired when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	PD		DELETE	1.1 TITLE			/IDDITIONAL OF THE CONTROL OF THE CONTROL OF THE	Change		
NAME	BLAKE, KARLA L	_	•	1.2 NAME						
STREET ADDRESS	6341 NW 58TH WAY			1.3 STREET	T AD	ODRESS				
CITY-ST-ZIP	PARKLAND FL			1.4 CITY-5	S1 - 7	ZIP				
TITLE			DELETE	2.1 TITLE				☐ Change	Addition	
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREET	T AD	ODRESS				
CITY-ST-ZIP			DELETE	2. 4 CITY-	ST-	· ZIP		Change	Addition	
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NAME Street address				3.3 STREET	1A T	DORESS				
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NAME				4. 2 NAME						
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NAME		_		6.2 NAME]		•	_	
STREET ADDRESS				6.3 STREE		DDRESS				
CITY-SY-ZIP				6.4 CITY-	S 1-	ZIP				

14. 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 chapted, or on an attachment with an address.