## 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 # P96000066265

BLVD BEACHWEAR, INC.

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90024 004 \*\*\*150.00



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	Place of Business	Mailing Address				85ii) 86iii 88ii8 6iii8	<u>.                                    </u>
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SUITE C		5329 OCEAN BLVD. Suite C			1		
SARASOTA	FL 34242	SARASOTA FL 34242			ļ		
1					DO NOT WR	RITE IN THIS SPA	<b>∤CE</b>
					3. Date Incorporated or Qualifect	1	
	al Place of Business	2a. Mailing Address			08/08/1996		
21		26			4. FEI Number		Applied For
	Apt. #, etc.	Suite, Apt. #, etc.			<u>65-0685638</u>		Not Applicable
22		27			5. Certifcate of Status Desired	_ S	8.75 Additional
City & S	State	City & State			o. Ochicale of Status Desired		Fee Required
23		— i			6. Election Campaign Financing		
Zip	Country	28			Trust Fund Contribution		55.00 May Be Added to Fees
24	25	Zip	Cour	ntry	8. This corporation owes the curr	ont was leter it.	Added to Fees
	9. Name and Address of Curr	29	30		Personal Property Tax.		
	The und Address of Curr	ent Registered Agent			10. Name and Address of New F	Pegistarad Assa	es □No
SI	BERSTEIN, DAVID M	•	ļŧ	81 Name		registered Agen	<u> </u>
72	O SOUTH ORANGE AVE.		} <u>.</u>	20 0	· · · · · · · · · · · · · · · · · · ·		
S4	VRASOTA FL 34236		١,	Street Add	ress (P.O. Box Number is Not Accepta	ible)	
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<u> </u>	4,			4 City	** ** * * * * * * * * * * * * * * * *	1 1881 SEAR 2018 2018 201	10 - 10 10 25 31 (10 123)
11. Pursuai	nt to the provisions of Sections 607.05	02 and 607 1508 Florida State			poration submits this statement for the pon's board of directors. I hereby accept	FL 85	Zip Code
oπice of	r registered agent, or both, in the State	e of Florida. Such change was a	ites, the abo Buthorized b	ve-named corp	poration submits this statement for the p	ourpose of chang	ing its registered
SIGNATURE		lations of, Section 607.0505, Flo	orida Statute	es.	poration submits this statement for the pon's board of directors. I hereby accept	the appointment	as registered
SIGNATURE	Signature, typed or printed name of registered agr				•	·	
12.	OFFICERS A	ent and title if applicable. (NOTE ND DIRECTORS	: Registered Ag	ent signature required	d when reinstating) ( ) ; ; ; ; ;	DATE	
TITLE	P	THE BIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN 42
NAME	ADAMS, MARILYN	☐ DELETE	1.1 TITLE			Ch	
STREET ADDRESS			1.2 NAME	ĺ	1 S 1 S 2 S 3 S	2011	ange
CITY-ST-ZIP			1.3 STREE	T ADDRESS			•
TITLE	SARASOTA FL 34240		1,4 CITY-5				
	, <b>v</b>			SI-712 I			
NAME	YOCHIM, DOMINIQUE	☐ DELETE	2.1 TITLE	SI-ZIP			
STREET ADDRESS	A001 LAKE EARCE DO	☐ DELETE		S1-ZIP		☐ Cha	ange [] Addition
TTY-ST-ZIP	The state of the s	☐ DELETE	2.2 NAME			☐ Cha	ange Addition
ITLEe.;	SARASOTA FL 34233	☐ DELETE	2.2 NAME 2.3 STREE	TADDRESS		Cha	ange Addition
AME	SARASOTA FL 34233		2.2 NAME 2.3 STREE 2.4 CITY-S	TADDRESS	: '	Cha	ange Addition
- ""	SARASOTA FL 34233	. □ DELETE	2.2 NAME 2.3 STREE 2. 4 CITY-S 3.1 TITLE	TADDRESS	: .	· - · +,••, ›	
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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 of 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: