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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085589 (5)

BEACH CONNECT, INC.

Principal Place of Business

CITY-\$1-ZIP

CIGNATURE:

appears in Block 12 or Block 13 it changed, or on an attachment with an address

1131 BAYSHORE DRIVE 1131 BAYSHORE DRIVE VALPARAISO FL 32580 VALPARAISO FL 32580-1342 3. Date Incorporated or Qualified 3a. Date of Last Report 10/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-340728 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Cily & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 ☐ Yes 💢 No Florida Statules 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WELLS, WILLIAM C 1131 BAYSHORE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) VALPARAISO FL 32580 83 11. 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change X Addition DELETE TITLE 1.1 TBUE P/D 1,2 NAME WILLIAM C. WELLS 1131 BAYSHORE DRIVE STREET ADDRESS 1,3 STREET ADDRESS VALPARAISO, FL 32580 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 211016 NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS 2, 4 DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-7IP DELETE ___ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition TITLE 51 10LE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ■ DELETE G.1 TITLE ☐ Change __ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I do 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 eath; 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