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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000091241 (5)

BEAVER CONSULTING, INC.

Principal Place of Business

Mailing Address

FILED Jun 17 1997 8:00am Secretary of State



420 THIRTY-NINE AVENUE 420 THIRTY-NINE AVENUE ST. PETE BEACH FL 33706 ST. PETE BEACH FL 33706				<i>4</i> €.	
				3. Date Incorporated or Qualified 11/06/1996	3a. Date of Last Report
2. Principal Place of Business				4. FE Number	Applied For
21 420, 39th AVE	26 SAME			59-34/2222	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Cortificate of Status Desired	See Required
City & State 23 St Pete Beach	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip FL 33706 25 USA	Zip Country 29 30		This corporation has liability for intangible tax under s. 199.032, Florida Statutes The statutes No		
- 9. Name and Address of Currer				10. Name and Address of New Reg	Istered Agent
BEAVER, STEVEN P		81	Name		
420 THIRTY-NINE AVENUE		82	Stroot Addr	ress (P.O. Box Number is Not Acceptable	
ST. PETE BEACH FL 33706			Off GOT PAREL	ess (F.O. DOX Nullinoon is Not Acceptable	, ,
		83			
		84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.050	02 and 607.1508, Florida State	utes, the above-	named corp	poration submits this statement for the price of the price of directors. I berefy accept	roose of changing its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	ations of, Section 607.0505, I	Iorida Statutes.			
SIGNATURE SIgnalure, typod or printed name of registered age	ont and file of my leading.	OTE: Registered Agent	pinnot up v	and and no populational	DATE
	D DIRECTORS	13.	Signaturo requir	ADDITIONS/CHANGES TO OFFIC	
TITLE Drawlats	☐ DELETE	1) TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TILLE TILLE THE THE PLANE THE PLAN	.~	1.2 NAME	-		
STREET ADDRESS		1.3 STREET AL	DDRESS }		
CITY-ST-ZIP	66 33786	1.4 CITY - ST -	7IP		
TITLE T. PULL	DELETE	2.1 TITLE			Change Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 City-St-ZiP			
TITLE	DELETE	DELETE 3.1 THE			Change Addition
NAME	3.2 NAME				
STREET ADDRESS		3 3 STREET AL	DDRESS		j
CITY-ST-ZIP		3.4. CITY-ST-7IP			
TITLE	DELETE	41 TITLE			Change Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STHEET AL	ł		1
CITY-ST-ZIP	Loreste	4.4 CHTY - S1 -	7IP		
TITLE	☐ DELETE	5.11116		:	L. Change L. Addition
NAME OVERT ADDRESS		5.2 NAME			
STREET ADDRESS		5.3 STREET AL	i		1
CITY-ST-ZIP TITLE	DELETE	5.4 CITY - \$1 - ZIP			Change Addition
i	☐ otreit	61 TITLE			Emilianing Emilianing
NAME CTOSET ADDRESS		6.2 NAME	anotoo		
STREET ADDRESS		63 STREET AS			
CITY-ST-ZIP 14. I do hereby certify that the information supplier		64 City-St-			

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, the lam 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:

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Porchets 6-1-92 812-367-72