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 # P96000094433

1. Corporation Name

BEACH CONCESSION, INC.

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90030 029 ***150.00



Principal Place	e of Business	Mailing Address				
801 BLUE BONN	NET COURT	801 BLUE BONN	801 BLUE BONNET COURT			
MARCO ISLAND	FL 34145	MARCO ISLAND FL 34145				DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualifed
					.,	11/14/1996
2. Principal Pl	├─¬	2a. Mailing Address			4. FEI Number Applied For	
21		26				59-3413919 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country Zip		Country	,	8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax. ☐ Yes ☐ No
1	9. Name and Address of Current					10. Name and Address of New Registered Agent
				81	Name	
Andretta, don				20	211	Addition (D.O. Double wheels block Associable)
801 BLUE BONNET COURT				82	Street	Address (P.O. Box Number is Not Acceptable)
	CO ISLAND FL 34145		83		 	
				84	City	FL 85 Zip Code
					l	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Flor of Florida. Such char	ida Statutes. ide was auth	, tne abov torized by	e-named the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I ai	m familiar with, and accept the obligati	ions of, Section 607.	0505, Florid	a Statutes	·	
SIGNATURE			Worf O			required when reinstating) DATE
	Signature, typed or printed name of registered agent		(NOTE, R	13.	nt signature i	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS ANI		ELETE	1.1 TITLE		Change Addition
TITLE	PT		CLEIC	1		- Crising
NAME	ANDRETTA, DON		1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		1.4 CITY-5	T-ZIP		
TITLE	V		ELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDRETTA, THERESA 2		2.2 NAME			
STREET ADORESS	801 BLUE BONNET COURT		2.3 STREE	TADDRESS		
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		
TITLE			3.1 TITLE		☐ Change ☐ Addition	
NAME	!			3.2 NAME		
STREET ADDRESS				3.3 STREE	T ADDRESS	
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE			DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS					TADDRESS	
				4.4 CITY-5		
CITY-ST-ZIP TITLE		□r	DELETE	5.1 TITLE) ; - <u>4</u> 11	☐ Change ☐ Addition
1	1			5.2 NAME		
NAME					T ADDRESS	
STREET ADDRESS				B .		<u>'</u>
CITY-ST-ZIP				5.4 CITY-9	ot-ZIP	☐ Change ☐ Addition
TITLE		LJ 9	DELETE A	6.1 TITLE		☐ Change ☐ Addition
NAME		ĺ	1	62 NAME		
STREET ADDRESS			1 1	6.3 STREE	TADDRESS	
CITY-ST-ZIP		ļ		6.4 CITY-5	ST-ZIP	

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 supplemental annual report is true and acculate 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, with a lighter like ampowered.