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**PROFIT** CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



DOCUMENT # P9600099872

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90073 005 \*\*\*150.00

| 1. Corporati   | ion Name<br>BEACH PROCESS, INC.  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                    |   |   |                                       |  |
|--|--|---|---|---|---------------------------------------|--|
| - CALLIVI C  | BEAUTI FROOLOG, INC.   |   |   | I (BANGAN (10 KANG ASIN) ARINI ARINI BANK) FA   |                                       |  |
|  |  |   |   |   |                                       |  |
| Principal Pla  | ace of Business  | Mailing Address   |   | 3 (88) (86) (18 18(18 8)(14 88(1) 88(1) 88(1)   | , , , , , , , , , , , , , , , , , , , |  |
| 5154 OKEECH  | HOBEE BLVD   | 5154 OKEECHOBEE BLVD                                      |   |   |                                       |  |
| SUITE 111 SUITE 111 W PALM BEACH FL 33417 W PALM BEACH FL 33417  |  |   | DO NOT WRITE IN THIS SPACE  |   |                                       |  |
| US :   | ION FE 30417   | US  |   | 3. Date Incorporated or Qualifed  |                                       |  |
| ,  |  |   |   | 12/10/1996  |                                       |  |
| 2. Principal   | Place of Business  | 2a. Mailing Address                                       |   | 4. FEI Number   | Apr                                   | olied For                              |
| 21   |  | 26  |   | 59-3415304  | Not                                   | Applicable                             |
| Suite, Ap  | ot. #, etc.  | Suite, Apt. #, etc.                                       |   | 5. Certificate of Status Desired  | \$8.75 A                              |  |
| 22   |  | 27  | <u> </u>  |   | Fee Rec                               |  |
| City & St  | cate   | City & State  |   | 6. Election Campaign Financing  | <b>\$5.00</b> r<br>Added to           |  |
| 23   | Country  | 28  | Country   | Trust Fund Contribution   |                                       | rees                                   |
| Zip  | 25   | 29 30   | ¬ '   | This corporation owes the current year l     Personal Property Tax.                               |                                       | No                                     |
| 24   | 9. Name and Address of Current   |   |   | 10. Name and Address of New Registere   |                                       |  |
| <del></del>  | o, hand and had been added   |   | 81 Name   |   | <u> </u>                              |  |
| Mil  | ller, William a Jr.  |   | P2 Street Add   | dress (P.O. Box Number is Not Acceptable)   | ·                                     | -                                      |
| 31   | 3 <del>19 CLEMATIS S</del> T   |   |   | OKEE CHOREE BLVD  |                                       |  |
| ,  | HTE 119  |   | 83  |   |                                       |  |
| , WE   | EST PALM BEACH FL 33401  |   | 84 City   | €_!!!   | . 85 Zip C                            | ode                                    |
|  |  |   | WEST  | - PALM BEACH F  | L 334                                 | 117 🔝                                  |
| 11. Pursuar  | nt to the provisions of Sections 607.0502  | and 607.1508, Florida Statutes,                           | 4)  | and the purpose   | of changing its                       | registered                             |
| Office O   | r registered agenta or both. In the State of   | Fiorioa. Such change was auu                              | ionzeu dy the corporat  | libits boate of effectors. Thereby accept the app   | omanion as reg                        |  |
| agent. I   | am familiar with, and accept the obligation  | ons of Section 607.0505, Florid                           | a Statutes.   |   | _                                     |  |
| )  |  | Sa William  | , A. HILL   | poration submits this statement to the purpose tion's board of directors. I hereby accept the app | 7                                     |  |
| SIGNATUR   | Signature, typed or printed name of registered agent a   | aga title if applicable. (NOTE: Re                        | A MILL<br>egistered Agent signature requir  | red when reinstating) DATE  |                                       |  |
| SIGNATURI  | E Signature, typed or printed name of redistered agent a OFFICERS AND  | applitite if applicable. (NOTE: Re                        | A MILL<br>egistered Agent signature requir<br>13.   | er Jr. 1/18/99  | AND DIRECTO                           |  |
| SIGNATURI  | Signature, typed or printed name of registered agent of OFFICERS AND   | aga title if applicable. (NOTE: Re                        | egistered Agent signature required 13.  | red when reinstating) DATE  |                                       | RS IN 12                               |
| SIGNATURI  12. TITLE NAME  | Signature, typed or printed name of rystered agent a OFFICERS AND PD MILLER, WILLIAM A JR.                               | on title if applicable. (NOTE: Re                         | egistered Agent signature requirements  13.  1.1 TITLE  1.2 NAME  | red when reinstating) DATE  | AND DIRECTO                           | RS IN 12                               |
| SIGNATURI  12. ; TITLE ; NAME ; STREET ADDRES  | Signature, typed or printed name of registered agent of OFFICERS AND PD MILLER, WILLIAM A JR. 5154 OKEECHOBEE BLVD SUITI | on title if applicable. (NOTE: Re                         | egistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS  | red when reinstating) DATE  | AND DIRECTO                           | RS IN 12                               |
| SIGNATURI  12. ; TITLE ; NAME ; STREET ADDRES CITY-ST-ZIP,   | Signature, typed or printed name of rystered agent a OFFICERS AND PD MILLER, WILLIAM A JR.                               | on title if applicable. (NOTE: Re                         | egistered Agent signature requirements  13.  1.1 TITLE  1.2 NAME  | red when reinstating) DATE  | AND DIRECTO                           | RS IN 12                               |
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| SIGNATURI  12. ; TITLE ; NAME ; STREET ADDRESS ; CITY-ST-ZIP; TITLE ; NAME ;   | PD MILLER, WILLIAM A JR. 5154 OKEECHOBEE BLVD SUITI W PALM BEACH FL 33417  | and title if applicable. (NOTE: Re                        | egistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE  | red when reinstating) DATE  | AND DIRECTO                           | RS IN 12                               |
| SIGNATURI  12. ; TITLE ; NAME ; STREET ADDRES CITY-ST-ZIP, TITLE   | PD MILLER, WILLIAM A JR. 5154 OKEECHOBEE BLVD SUITI W PALM BEACH FL 33417  | and title if applicable. (NOTE: Re                        | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS   | red when reinstating) DATE  | AND DIRECTO                           | RS IN 12  Addition                     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | PD MILLER, WILLIAM A JR. 5154 OKEECHOBEE BLVD SUITI W PALM BEACH FL 33417  | and title if applicable. (NOTE: Re                        | agistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS  | red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTO                           | RS IN 12                               |
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| SIGNATURI  12. , TITLE , NAME , STREET ADDRES , CITY-ST-ZIP, TITLE , NAME , STREET ADDRES , CITY-ST-ZIP, TITLE , NAME , NAME ,   | PD MILLER, WILLIAM A JR. 5154 OKEECHOBEE BLVD SUITI W PALM BEACH FL 33417  | DIRECTORS  DELETE  DELETE  DELETE                         | agistered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP  | red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTO Change Change             | RS IN 12  Addition  Addition           |
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CITY-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 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 feceiver 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP