


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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90010 004 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000000684</b>					
1. Corporation Name <b>BEACON HILL, INC.</b>					
Principal Place of Business <b>1637 EAST VINE STREET SUITE E KISSIMMEE FL 34744</b>			Mailing Address <b>1637 EAST VINE STREET SUITE E KISSIMMEE FL 34744</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/03/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3418557</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Zip	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				81. Name	
<b>BASQUE, JAMES F 1637 EAST VINE STREET SUITE E KISSIMMEE FL 34744</b>				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				85. Zip Code	
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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	1.2 NAME	
STREET ADDRESS	912 HIGHLAND AVENUE		1.3 STREET ADDRESS	2300 ABERNETHY ROAD	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ST CLOUD, FL	
TITLE	NAME	DELETED	2.1 TITLE	2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	1637 EAST VINE ST., SUITE E	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	KISSIMMEE, FL	
TITLE	NAME	DELETED	3.1 TITLE	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	4.1 TITLE	4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	5.1 TITLE	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	6.1 TITLE	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEVEN M. VENKS, D.P.**

Date

Daytime Phone #

**04.15.99**

**407.846.4533**

CR2E034 (11/98)