FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P97000002504 (3) DOCUMENT # BEACON FUTURES, INC. Principal Place of Business Mailing Address 5811 PELICAN BAY BOULEVARD. SUITE 205 5811 PELICAN BAY BOULEVARD, SUITE 205 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3417614 26 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 29 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED Mary P. Pagano
Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 5811 Pelican Bay Boulevard 83 Suite 205 Naples, 11. Pursuant to the provisions of Soctions 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. office or registered agent, or both, in the agent. I am familiar with, and age point ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 RS AND DIRECTORS 12. 13. PSTD DELETE 1.1 TITLE Change TITLE NAME PAGANO, MARY P 1.2 NAME 5811 PELICAN BAY BOULEVARD, SUITE 205 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 205 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY-ST-ZIP DELETE Change TITLE 51 TITLE NAME 5.2 NAME

14. Thereby 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 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 attachroom with an address.

SIGNATURE: Mais

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

"晚有清明日,因此仍然知道我们不是有一次时

- お養養を

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

4.6.98

Change

Applied For

34108

Addition

Addition

Addition

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Addition

Addition

Not Applicable