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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # P9

P97000023987 (5)

FILED May 13 1998 8:00am Secretary of State

BEACH BLANKET GAMES CORP. Principal Place of Business Mailing Address 14805 49TH STREET, UNIT 17 POST OFFICE BOX 601 CLEARWATER FL 34022 PALM HARBOR FL 34682 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3448865 21 Not Applicable 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 Trust Fund Contribution 23 Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 33762 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **AMERILAWYER CHARTERED** John Allen Parvin, Esq 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **B2 CORAL GABLES FL 33134** 83 <u>lear</u>water City 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, by accept the obligations of, Section 607.0505, Florida Statutes. 24/98 Parvin John SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE **\$WALWELL**, JUDY NAME 1.2 NAME 14605 49TH STREET, UNIT 17 STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34622** CITY-S1-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITI F 217038 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 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.

Paris

John Parvin

1/2/198