

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

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90004 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 990000037061
1. Corporation Name GROUND SWELL ENTERPRISES, INC
DBA BEACON DATA SERVICES

Principal Place of Business Mailing Address
5312 SW 88th CT 5745 SW 75th ST
GAINESVILLE, FL 32608 PMB#317
GAINESVILLE, FL 32608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<u>5312 SW 88th CT</u>	26	<u>5745 SW 75th ST</u>	<u>APRIL 25, 1997</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 <u>PMB 317</u>		Applied For	
City & State		City & State		<input checked="" type="checkbox"/> Not Applicable	
23 <u>GAINESVILLE, FL</u>		28 <u>GAINESVILLE FL</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 <u>32608</u>	25 <u>USA</u>	29 <u>32608</u>	30 <u>USA</u>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AMERILAWYER
LAWRENCE J. SPIEGEL
PO BOX 144479
CORAL GABLES, FL 33114-4479

10. Name and Address of New Registered Agent

81 Name MARK CONSTANT
82 Street Address (P.O. Box Number is Not Acceptable) 5312 SW 88 CT
83
84 City GAINESVILLE FL 85 Zip Code 32608

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

Mark Constant
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>PRESIDENT, SECRETARY, TREASURER</u> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>RICHARD HAMMERSLEY</u>	1.2 NAME	
STREET ADDRESS	<u>PO BOX 44,</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>ST. GEORGES, GRENADA, WEST INDIES</u>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE:

Richard Hammersley Richard Hammersley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/99

Date

473-440-3243

Daytime Phone #

CR2E034 (11/98)

Beacon Data Services

5745 SW 75th Street
PMB # 317
Gainesville, FL 32608

pg 7000037061
605989-9004-02

August 11, 1999

Annual Reports Filing
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find form 1999 Profit Corporation Annual Report and the \$150.00 filing fee. A representative from your department indicated Beacon Data Services would be eligible for the \$150.00 filing fee because we did not receive the form until requested this past July.

Should you have any questions please feel free to contact me.

Sincerely,



Mark Constant
Manager