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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700046073

1. Corporation Name

BEVERLY ADAMS, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90005 012 ***150.00



| Principal Place | e of Business | M | Mailing Address | | | | | | | |
|---|----------------------------------|---------------|--|--------|-----------------------------------|--------------|--|---------------|----------|--------------|
| 3930 SOUTH ROOSEVELT BLVD. E211 KEY WEST FL 33040 | | | 3930 SOUTH ROOSEVELT BLVD. E211 KEY WEST FL 33040 | | | | DO NOT WRITE IN THIS SPACE | | | |
| | • | | | | | | 3. Date Incorporated or Qualifed 05/23/1997 | IN THIS SE | ACE | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 4. FEI Number | | Ap | plied For |
| 21 | | | | | | | 65-0757108 | ني ٠ ي | | t Applicable |
| _ Suite, Apt. #, etc. = == | | | Suite, Apt. #, etc. | | - | | _ \$8.75 Additional | | | Additional |
| 22 | | | 27 | | | | 5. Certifcate of Status Desired | | Fee Re | equired |
| City & State | | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | | 28 | | | | Trust Fund Contribution | | Added | to Fees |
| Zip Country | | | Zip Country | | | | 8. This corporation owes the current | t year Intang | ible | |
| 24 | 25 | 29 | • | 30 | | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Current I | Regis | stered Agent | | | | 10. Name and Address of New Reg | istered Age | nt | |
| | | | | | 81 | Name | • | | | |
| NURKIEWICZ, BEVERLY | | | | | 82 | Street Adds | ress (P.O. Box Number is Not Acceptable | 9 1 | | |
| 3930 SOUTH ROOSEVELT BLVD, E211 | | | | | | Oli eel Addi | it Address (F.O. Box Mulliber is Not Acceptable) | | | |
| KEY WEST FL 33040 | | | | | | , | | | =' | |
| | • | | | | 84 | City | | [8 | 5 Zip | Code |
| | , | | · | | | | | FLI | _1 | |
| 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. (NOTE: Re | | | | | gistered Agent signature required | | | DATE | IDEOTO | NDO 141 42 |
| 12. | OFFICERS AND DIRECTORS | | | 13. | | | ADDITIONS/CHANGES TO OFFIC | | Change | Addition |
| TITLE | PD | | ☐ DELETÉ | 1.1 TI | | | | L | 1 Change | |
| NAME | NURKIEWICZ, BEVERLY | | | 1.2 N | | İ | | | | , |
| STREET ADDRESS | 3930 SOUTH ROOSEVELT BLVD | E21 | 11 | | | ADDRESS | | | | Ì |
| CITY-ST-ZIP | KEY WEST FL 33040 | | | | TY-ST | · ZIP | | | 7.01 | - Addition |
| TITLE | SD . | | ☐ DELETE | 2.1 Π | TLE | | | L |] Change | ☐ Addition |
| NAME | NURKIEWICZ, JAMES | | | 2.2 N | AME | | | | | |
| STREET ADDRESS | 3930 SOUTH ROOSEVELT BLVD | , E2 ' | 11 | 2.3 S1 | TREET | ADDRESS | | | ν, | - |
| CITY-ST-ZIP | KEY WEST FL 33040 | • | | 2.4C | ITY-S | T-ZIP | | | | |
| TITLE | D · | | ☐ DELETE | 3.1 TI | TLE; | | | _ |] Change | ☐ Addition |
| NAME | WOOD, CLARENCE | | | 3.2 N | | | | | | |
| STREET ADDRESS | 2437 ILLINOIS AVENUE | | <i>;</i> * | 3.3 S | TREET | ADORESS | | | | |
| City-St-ZIP | GRANITE CITY FL 62040 | | | | ITY-\$ | T-ZIP | <u> </u> | | 10) | |
| TITLE | | | ☐ DÉLETE | 4.1 TI | TLE | | | Г, |] Change | ☐ Addition |
| NAME | | | | 4. 2 N | AME | | | | | } |
| STREET ADDRESS | | | | 4.3 S | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 4.4 CI | TY-ST | -ZIP | | | | |
| TITLE | | | ☐ DELETE | 5.1 TI | | İ | • | |] Change | ☐ Addition |
| NAME | | | | 5.2 N | | | | | | |
| STREET ADDRESS | | | | 5.3 \$ | TREET | ADDRESS | | | | ļ |
| CITY-ST-ZIP | | | | | TY-ST | ZIP | | | _ | |
| TITLE | | | ☐ DELETE | 6.1 TT | TLE | | ··· | | Change | ☐ Addition |
| NAME | | | | 6.2 N | AME | | | | | |
| STREET ADDRESS | | | | 6.3 \$ | TREET | ADDRESS | | | | ļ |

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP