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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

FILED May 18 1998 8:00am Secretary of State

BEACH	MANAGEMENT, INC.				
i '	ce of Business	Mailing Address			anner atter sietz attib siett afet toet
2801 N.E. 14TH STREET FT. LAUDERDALE FL 33304		2801 N.E. 14TH STREET			
FI. ENUDERDALE PL 33304		FT. LAUDERDALE FL 33304		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				06/11/1997	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0789141	Not Applicable
Suite, Apt.	# ₄ €IC.	Sulte, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	e	City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 3	
<u> </u>	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	stered Agent
	NDALA, CARMEN		81 Name	•	
2801 N.E. 14TH STREET 82 Street			82 Street Addr	ess (P.O. Box Number is Not Acceptable))
FT	. Laude rdale FL 33304				
			83		
			84 City	***	B5 Zip Code
11 Pursuant	to the provisions of Sactions 607 Oct	Official CO7 1500. Florido Ctot do	a the charge remaid as-		FL B9 Zip Code
office or r	egistered agent, or both, in the State	of Florida. Such chan ge wa s a	is, the above harned corporat	oration submits this statement for the pui ion's board of directors. I hereby accept	the appointment as registered
	m tamiliar with, and accept the obliq	gations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE	Signature typoid or printed name of registered as	ent and tale if apply able (NOTE	Registered Agent signature requir	ed when reputation	DATE
12.		ID DIRECTORS	13	10/00/TIONS/CHANGES TO DEFICE	BS AND DIRECTORS IN 12
TITLE	D	DELETE	11 TITLE	DLAF NEUMAN 99 RIVERSIDE POMISANO 12	Change Addition
NAME	NIGRO, FRANK SR.		1.2 NAME	an Autore A	ا
STREET ADDRESS	301 S.E. THIRD STREET		1.3 STREET ADDRESS	gg KIVEKSIVE	
CITY-ST-ZIP	DANIA FL 33004		1.4 CITY - ST - ZIP	OMPANO 12	33062
TITLE	D MANDALA CABUEN	☐ DELETE	2.1 TITLE	•	Change Addition
NAME	MANDALA, CARMEN		2.2 NAME		
STREET ADDRESS	2801 N.E. 14TH STREET FT. LAUDERDALE FL 33304		2.3 STREET ADDRESS		
CITY-ST-ZIP	FI. LAUDENDALE PL 33304	Locusto	2. 4 CITY-ST-ZIP		
TITLE		DELETE	81 THLE		Change Addition
NAME Street address			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		E shalles E shallon
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	and the state of the state of		6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I fu	
		ath this blood door not sublifu for	the exemption stated in t	Caption 110 07/91/II Elecido Ctotutos I fili	all an analysis along the first and all a first and a

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