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FILED
 Apr 13 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000064757 (2)
 1. Corporation Name
 BEEKMAN-FRASER CONSULTING, INC.



Principal Place of Business: 2230 B SIMPSON RIDGE ROAD, KISSIMMEE FL 34744
 Mailing Address: 2230 B SIMPSON RIDGE ROAD, KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 3015 Drema Dr, Suite, Apt. #, etc. 22 St. Cloud, FL, Zip 34769, Country USA
 2a. Mailing Address: 26 3015 Drema Dr, Suite, Apt. #, etc. 27 St. Cloud, FL, Zip 34769, Country USA
 3. Date Incorporated or Qualified: 07/24/1997
 4. FEI Number: 59-3458254
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes

9. Name and Address of Current Registered Agent: FRASER, STEPHANIE M, 2230 B SIMPSON RIDGE ROAD, KISSIMMEE FL 34744
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 3015 DREMA DR, 83, 84 City: ST. CLOUD, FL, 85 Zip Code: 34769

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BEEKMAN, CARL		1.2 NAME:	
STREET ADDRESS: 2230 B SIMPSON RIDGE ROAD		1.3 STREET ADDRESS: 3015 Drema Dr.	
CITY-ST-ZIP: KISSIMMEE FL 34744		1.4 CITY-ST-ZIP: St. Cloud, FL 34769	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: FRASER, STEPHANIE M		2.2 NAME:	
STREET ADDRESS: 2230 B SIMPSON RIDGE ROAD		2.3 STREET ADDRESS: 3015 Drema Dr	
CITY-ST-ZIP: KISSIMMEE FL 34744		2.4 CITY-ST-ZIP: St. Cloud, FL 34769	
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"/> Ad-	
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 info 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 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 Block 12 or Block 13 if changed or on an attachment with an address.

CR2E034 (10/97)