

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90017 034 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P97000064757**

1. Corporation Name  
**BEEKMAN-FRASER CONSULTING, INC.**



Principal Place of Business  
**3015 DREMA DRIVE  
 ST. CLOUD FL 34769  
 US**

Mailing Address  
**3015 DREMA DRIVE  
 ST. CLOUD FL 34769  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 [ ] Suite, Apt. #, etc.  
 22 [ ] City & State  
 23 [ ] Zip [ ] Country

2a. Mailing Address  
 26 [ ] Suite, Apt. #, etc.  
 27 [ ] City & State  
 28 [ ] Zip [ ] Country

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**FRASER, STEPHANIE M  
 3015 DREMA DRIVE  
 ST. CLOUD FL 34769**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                            |                                 |
|----------------------------|----------------------------|---------------------------------|
| TITLE                      | <b>D</b>                   | <input type="checkbox"/> DELETE |
| NAME                       | <b>BEEKMAN, CARL</b>       |                                 |
| STREET ADDRESS             | <b>3015 DREMA DRIVE</b>    |                                 |
| CITY-ST-ZIP                | <b>ST. CLOUD FL 34769</b>  |                                 |
| TITLE                      | <b>D</b>                   | <input type="checkbox"/> DELETE |
| NAME                       | <b>FRASER, STEPHANIE M</b> |                                 |
| STREET ADDRESS             | <b>3015 DREMA DRIVE</b>    |                                 |
| CITY-ST-ZIP                | <b>ST. CLOUD FL 34769</b>  |                                 |
| TITLE                      |                            | <input type="checkbox"/> DELETE |
| NAME                       |                            |                                 |
| STREET ADDRESS             |                            |                                 |
| CITY-ST-ZIP                |                            |                                 |
| TITLE                      |                            | <input type="checkbox"/> DELETE |
| NAME                       |                            |                                 |
| STREET ADDRESS             |                            |                                 |
| CITY-ST-ZIP                |                            |                                 |
| TITLE                      |                            | <input type="checkbox"/> DELETE |
| NAME                       |                            |                                 |
| STREET ADDRESS             |                            |                                 |
| CITY-ST-ZIP                |                            |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                    |                                                                              |
|-------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE                                             |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME                                              |                                    |                                                                              |
| 1.3 STREET ADDRESS                                    |                                    |                                                                              |
| 1.4 CITY-ST-ZIP                                       |                                    |                                                                              |
| 2.1 TITLE                                             | <b>PRESIDENT</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              | <b>STEPHANIE M. FRASER-BEEKMAN</b> |                                                                              |
| 2.3 STREET ADDRESS                                    | <b>3015 DREMA DRIVE</b>            |                                                                              |
| 2.4 CITY-ST-ZIP                                       | <b>ST. CLOUD, FL - 34769</b>       |                                                                              |
| 3.1 TITLE                                             |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME                                              |                                    |                                                                              |
| 3.3 STREET ADDRESS                                    |                                    |                                                                              |
| 3.4 CITY-ST-ZIP                                       |                                    |                                                                              |
| 4.1 TITLE                                             |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME                                              |                                    |                                                                              |
| 4.3 STREET ADDRESS                                    |                                    |                                                                              |
| 4.4 CITY-ST-ZIP                                       |                                    |                                                                              |
| 5.1 TITLE                                             |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME                                              |                                    |                                                                              |
| 5.3 STREET ADDRESS                                    |                                    |                                                                              |
| 5.4 CITY-ST-ZIP                                       |                                    |                                                                              |
| 6.1 TITLE                                             |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME                                              |                                    |                                                                              |
| 6.3 STREET ADDRESS                                    |                                    |                                                                              |
| 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: *Stephanie M. Fraser-Beeckman* 4/14/99 (407) 957-2731  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/01/99

CR20034 (11/98)