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** Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90075 011 ***150.00

FILED

DOCUMENT # P97000072361

BEACH PROPERTIES DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

15740 KILMARNOCK DRIVE FT MYERS FL 33912

15740 KILMARNOCK DRIVE

FT MYERS FL 33912



DO NOT WRITE IN THIS SPACE

				DO NOT WRITE IN THIS S	1 AOL
				3. Date Incorporated or Qualifed 08/20/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 15/	OI Fiddlestions	Bues 15601 17 Hdl.	STI ON Blud	65-0778845	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	- My	28		Trust Fund Contribution	Added to Fees
Zip \$	Country	Zip	Country	8. This corporation owes the current year Intar	
24	25	29 3	0		Yes William
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered A	gent
18/61	TON DOUGLAS		81 Name		
WALTON, DOUGLAS			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	10 KILMARNOCK DRIVE		1560	Of Fiddle Sticks Blud	
F1 N	MYERS FL 33912		83		
			84 City	- CMH	85 Zip Code
			0.1,	FL DP	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607 1508, Florida Statutes of Florida. Such change was auti	, the above-named co horized by the corpora	rporation submits this statement for the purpose of cl tion's board of directors. I hereby accept the appoint	tanging its registered ment as registered
agent. 1 a	m familiar with, the accept the obliga	ations 01, Section 607.0505, Florid	a Statutes.		
SIGNATURE	I lace	Douglas h	Atron egistered Agent signature requi	ired when reinstation) DATE	<u> </u>
12.		ont and title if applicable. (NOTE: R	agistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
	P OFFICERS AF	DELETE	1.1 TITLE		Change
TITLE	DOUGLAS, WALTON	() DELETE	LIZHAME		
NAME	15740 KILMARNOCK DRIVE		1.2 PANIE	5601 Fiddle Stiets Blud	
STREET ADDRESS				3007 7 7000 270 700	
CITY-ST-ZIP	FT MYERS FL 33912 VP	DELETE	1.4 CITY-ST-ZIP		☑ ehange ☐ Addition
TITLE	1 ''				E) 5
NAME	MALENICK, DONALD		2.2 NAME	5601 FIJILISTICKS BIN	
STREET ADDRESS	6			5 601 1-1 49 1- 3110 1010 1010	
CITY-ST-ZIP	FT MYERS FL 33912	Decemb	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		Thomas Transford
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		[] () () () () () () () () () () () () ()
TITLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<u></u>	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	1	Change Addition
NAME			6.2 NAME	1	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	1	

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 suppliemental 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 of Justee 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: