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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000083393 (3)

NANCY	BETH BEILIN, PA			
<u> </u>			•	1 0
1 '	ce of Business	Mailing Address		
825 HAMPTON COURT 825 HAMPTON COURT				
WESTON FL 33326		WESTON FL 33326		DO NOT WRITE IN THIS SPACE
				Date Incorporated or Qualified
				09/26/1997
2 Principal F	Place of Business	2a, Mailing Address		4. FEI Number Applied For
	index of Education	·		1/- 65 2 9 5 3 / Not Applicable
Suite, Apt	# etc	Suite, Apt. #, etc.		
22	n, 010.	├ ──		5. Certificate of Status Desired Fee Required
City & Stat	ta .	City & State	·	· · · · · · · · · · · · · · · · · · ·
⊢ '		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	
24	25	1 ·	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		301	10. Name and Address of New Registered Agent
ÐE			81 Name	101
	ELIN, NANCY B			
, 825 HAMPTON COURT WESTON FL 33326			82 Street A	Address (P.O. Box Number is Not Acceptable)
WE	:01UN FL 33326		83	
			84 City	85 Zip Code
				
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above-named of	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent La	am fa miliar with, and accept the oblig	ations of, Section 607.0505, Floi	rida Statutes.	oration's board of directors. Thereby accept the appointment as registered
SIGNATURE	,			
SIGNATORE	Signature, typed or printed make of registered ag	ent and trie if applicable (NOFE	Registered Agent signature r	required when reinstating) DATE
12.	OFFICERS AN	VD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		∐ DELETE	1.1 TITLE	Change Addition
NAME	!		1.2 NAME	Nancy Beilin
STREET ADDRESS			1.3 STREET ADDRESS	
CITY+ST-ZIP			1.4 CITY-ST-ZIP	825 Hampton Florida 33326
TITLE	<u> </u>	☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS	ł		2.3 STREET ADDRESS	
	}		2. 4 CITY - ST - ZIP	
CITY-ST-ZIP		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		La beceit	3.2 NAME	
ļ				
STREET ADDRESS			3.3 STREFT ADDRESS	,
CITY-ST-ZIP		DELETE	3.4. City-St-ZiP	Change 2 Addition
TITLE .		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	1 9/1
STREET ADDRESS			4.3 STREET ADDRESS	**/* **/
CITY-ST-ZIP			4.4 CITY - ST - ZIP	71.
TITLE		DELETE	5.1 THILE	Change
NAME	· ·		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - S1 - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME	i		6.2 NAME	600002578606 -07/02/9801014000 ***150.00
STREET ADDRESS			6.3 STREET ADDRESS	-07/ 02/980101 4 0 9 0
OTTLET ADDRESS			O.O OTHER PROPERTY	***150.00 2A

14. Thereby 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.

FILED

Jul 01 1998 8:00am

Secretary of State