1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000090559**1. Corpora ion Name

BEACON INTERNATIONAL SAILING, INC.

Principal Place	of Business	Mailing Address						
1323 SE 171H S	ST. STE 123	1323 SE 17TH ST. STE 1.23						
FT LAUDERDALE FL 33316		FT LAUDERDALE FL 33316				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						10/20/1997		1
2 Principal DI	ace of Business	2a. Mailing Address				4. FEI Number	An	r lied For
<del></del> -1	ace of business	<del>                                     </del>				65-0787371		t Applicable
21 Suite Ast	# etc	Suite, Apt. #, etc.		—			\$8.75	
Suite, Apt. #, etc.		27				5. Certifcate of Status Desired	Fee Re	1
City & State		City & State			6. Election Campaign Financing	\$5.00	May Bo	
23		28				Trust Fund Contribution	Added t	- 1
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	Intangible	
24	25	29	30	•		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Current	<del></del>	1001			10. Name and Address of New Registers	d Agent	
				81	Name			
KOPSON, JOHN			•	00	<u> </u>	Idea (D.O. San North and Net Accordable)		
7300	W CAMINO REAL, #126			82	Street A	ddress (P.O. Bok Number is Not Acceptable)		
BOC	A RATON FL 33433			83				
				84	City	F:	L 85 Zip 6	Code
11 Pursuant	to the provisions of Sections 607.050	and 607.1508. Florida State	ites, the al	bove	e-named c	prporation submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State $\circ$	of Florida. Such change was	authorized	ı by	tne corpora	ation's board of directors. I hereby accept the app	pointment as re	gistered (
agent. i ai	m familiar with, and accept the obligation	ions of, Section 607.0505, F	UINIA SIAN	1162	•			
SIGNATURE	Signature, typed or printed name of registered ager t	and title if applicable. (NO	E: Registered	Agen	t signature recu	uired when reinstating DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 111	ΓLE			Change	☐ Addition
NAME	EASTWOOD, JULIA		12 NA	ME				
STREET ADDRESS	1323 SE 17TH ST, #123		13 ST	REET	ADDRESS			i
CITY-ST-ZIP	FT LAUDERDALE FL 33316			1.4 CITY-ST-ZIP				
TITLE	VP DELETE			2.1 TITLE			Change	Addition
NAME	EASTWOOD, GREG		2.2 NAME		1			
STREET ADDRESS	1323 SE 17TH ST #123		23.57	2.3 STREET ADDRESS				
	FT LAUDERDALE FL 33316			2. 4 CITY-ST-ZIP				-
CITY-ST-ZIP TITLE	DELETE			31 TITLE			Change	☐ Addition
NAME				3 2 NAME			_	
			1		ADDRESS			
STREET ADDRESS			3.4. CI		J			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI		- 4.11		Change	Addition
			4. 2 N					
NAME				_	ADDRESS			
STREET ADDI ESS								
CITY-ST-ZIP		☐ DELETE	5.1 TI	_	1-ZIP		☐ Change	Addition
TITLE			5.1 N				C 434	
NAME			1		r ADDRESS			
STREET ADDITESS					1			
CITY-ST-ZIP		□ DELETE	5.4 CI 6.1 TI		- 2512		☐ Change	☐ Addition
TITLE		☐ nere1E	1		j		change	
NAME			6.2 N/	_				
STREET ADDRESS			6.3 S1	KEET	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 Charter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attainment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90031 032 \*\*\*150.00