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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90068 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000096478

1. Corporation Name
BEACH ZONE/DESTIN, INC.

Principal Place of Business
**631 ISLAND WAY
CLEARWATER FL 33767**

Mailing Address
**631 ISLAND WAY
CLEARWATER FL 33767**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/10/1997

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
APPLIED FOR 59-3493661

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

**KANTARAS, K. DEAN
2715 PARK DRIVE
SUITE #3
CLEARWATER FL 33763**

81 Name
Kantaros, K. Dean
82 Street Address (P.O. Box Number is Not Acceptable)
901 N. Hercules Ave. Suite D
83
84 City **Clearwater** **FL** 85 Zip Code **33765**

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 title 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 | D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VALLIANATOS, ANDREW | 1.2 NAME | Vallianatos, Andrew |
| STREET ADDRESS | 631 ISLAND WAY | 1.3 STREET ADDRESS | 631 Island Way |
| CITY-ST-ZIP | CLEARWATER FL 33767 | 1.4 CITY-ST-ZIP | Clearwater, FL 33767 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VALLIANATOS, JOHN | 2.2 NAME | Vallianatos, John |
| STREET ADDRESS | 631 ISLAND WAY | 2.3 STREET ADDRESS | 631 Island Way |
| CITY-ST-ZIP | CLEARWATER FL 33767 | 2.4 CITY-ST-ZIP | Clearwater, FL 33767 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUPER, ZVI | 3.2 NAME | Luper, Zvi |
| STREET ADDRESS | 1511 RIDGE TOP WAY | 3.3 STREET ADDRESS | 1511 Ridge Top Way |
| CITY-ST-ZIP | CLEARWATER FL 33765 | 3.4 CITY-ST-ZIP | Clearwater, FL 33765 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUPER, HANAN | 4.2 NAME | Luper, Hanan |
| STREET ADDRESS | 1474 EL TAIR TRAIL | 4.3 STREET ADDRESS | 7278 Sawgrass Point Dr. |
| CITY-ST-ZIP | CLEARWATER FL 33765 | 4.4 CITY-ST-ZIP | Pinellas Park, FL 33782 |
| 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"/> Addition |
| 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 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:

Andrew Vallianatos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-99 (27) 449-2386

CR2E034 (11/98)