

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90051 038 ***150.00

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1. Entity Name
BEACH ZONE/DESTIN, INC.



Principal Place of Business
34871 EMERALD COAST PKWY
DESTIN, FL 32541 US

Mailing Address
34871 EMERALD COAST PKWY
DESTIN, FL 32541 US

50005663



01152005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3493661

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALLIANATOE, ANDREW
34871 EMERALD COAST PKWY
DESTIN, FL 32541

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS
NAME VALLIANATOS, ANDREW
STREET ADDRESS 34871 EMERALD COAST PKWY
CITY-ST-ZIP DESTIN, FL 32541

TITLE DV
NAME VALLIANATOS, JOHN
STREET ADDRESS 34871 EMERALD COAST PKWY
CITY-ST-ZIP DESTIN, FL 32541

TITLE DP
NAME LUPER, ZVI
STREET ADDRESS 7861 BAYOU CLUB BLVD
CITY-ST-ZIP LARGO, FL 33777

TITLE DT
NAME LPER, HANAN
STREET ADDRESS 7347 SAWGRASS POINT DR.
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-05 (850)P37-4500