

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

98 NOV -5 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0125412

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000102380 (7)  
 1. Corporation Name  
 SILVER BEACH REALTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 101 LARUE FRANCE SUITE 500 LAFAYETTE LA 70508  
 Mailing Address: 101 LARUE FRANCE SUITE 500 LAFAYETTE LA 70508

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

3. Date Incorporated or Qualified: 12/04/1997  
 4. FEI Number: [ ] Applied For [x] Not Applied For  
 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 or has paid the current year Intangible Personal Property Tax due June 30: [ ] Yes [x] No

9. Name and Address of Current Registered Agent  
 NAPLES-LAWDOCK, INC.  
 4501 TAMiami TRAIL NORTH  
 SUITE 300  
 NAPLES FL 34103

10. Name and Address of New Registered Agent (81-85) fields.

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	Vice-President	<input checked="" type="checkbox"/> DELETE
NAME	Thomas Becnel	
STREET ADDRESS	60 Seagate Drive, #306	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	President, Sec./Treas.	<input checked="" type="checkbox"/> DELETE
NAME	E.L. Matthews	
STREET ADDRESS	15000-A Emerald Coast Parkway	
CITY-ST-ZIP	Destin, FL 32541	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Thomas Becnel	
STREET ADDRESS	60 Seagate Drive, #306	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	William Kreuser	
STREET ADDRESS	4495 Clipper Cove Circle	
CITY-ST-ZIP	Destin, FL 32541	
TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	Damon Becnel	
STREET ADDRESS	129 Donald Drive	
CITY-ST-ZIP	Lafayette, LA 70503	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700002685977--0
1.4 CITY-ST-ZIP	-11/12/98--01075--013
2.1 TITLE	***550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET 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 Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Becnel* RECORDED Thomas Becnel 9/29/98 850-650-9999  
 SIGNATURE DATE DAYTIME PHONE #

CR2E034 (5/98)