Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102380

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

SILVER BEACH REALTY, INC.

RANCE A 70508

26

27

28

29

Zip

Suite, Apt. #, etc.

City & State

FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90152 024 ***150.00



DO NOT WRITE IN THIS SPACE

(3)

3. Date Incorporated or Qualifed

12/04/1997 4. FEI Number

APPLIED FOR

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

NAPL	.ES-LAWDOCK, INC.	L			
4501 TAMIAMI TRAIL NORTH		8:	2 Stre	et Address (P.O. Box Number is Not Acceptable)	
SUITE 300			3	······································	
NAPLES FL 34103					
			4 City	FL 85 Zip Code	
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	VP □ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	BECNEL, THOMAS	1.2 NAME			
STREET ADDRESS	60 SEAGATE DRIVE #306	1.3 STRE	ET ADDRE	ss	
CITY-ST-ZIP	NAPLES FL 34103	1.4 CITY-	ST-ZIP		
TITLE	P DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	BECNEL, THOMAS	2.2 NAME			
STREET ADDRESS	60 SEAGATE DRIVE #306	2.3 STRE	ET ADDRE	ss	
CITY-ST-ZIP	NAPLES FL 34103	2.4 CTTY-ST-ZIP			
TITLE	VP □ DELETE	31 TITLE		Change Addition	
NAME	KREUSER, WILLIAM	3.2 NAME			
STREET ADDRESS	4495 CLIPPER COVE CIRCLE	3.3 STRE	ET ADDRE	ss	
CITY-ST-ZIP	DESTIN FL 32541	3.4. CITY-ST-ZIP			
TITLE	ST DELETE	4.1 TITLE		Change Addition	
NAME	BECNEL, DAMON	4. 2 NAM	Ξ		
STREET ADDRESS	129 DONALD DRIVE	4.3 STRE	ET ADDRE	SS	
CITY-ST-ZIP	LAFAYETTE LA 70503	4.4 CITY-ST-Z			
TITLE	☐ DELETE	5.1 TTTLE		☐ Change ☐ Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STRE	ETADORE	SS .	
CITY-ST-ZIP		5.4 CITY-			
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME.		6.2 NAME	į		
STREET ADDRESS		6.3 STREET A		SS	
CITY-ST-ZIP		6.4 CITY-	ST-ZIP		

Country

81 Name

30

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: