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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P97000108445**

1. Corporation Name
BEACON-NATIONAL INSURANCE ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2196 PRINCETON STREET
 SUITE D (PO BOX 2662)
 SARASOTA FL 34237
 US

Mailing Address
 PO BOX 4019
 SARASOTA FL 34230
 US

3. Date Incorporated or Qualified
12/26/1997

2. Principal Place of Business
 21 Suite, Apt. #, etc.

2a. Mailing Address
 26 **PO BOX 2662**

4. FEI Number
65-0803858

Applied For
 Not Applicable

22 City & State

27 City & State
SARASOTA, FL

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country
34230-2662 USA

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 25 29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

DANSON, THOMAS E JR
503 SPOONBILL WAY
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code **34236**

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 **PT** DELETE
 NAME **DANSON, THOMAS E JR**
 STREET ADDRESS **503 SPOONBILL WAY**
 CITY-ST-ZIP **SARASOTA FL 34237**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP **34236-1821**

TITLE **VS** DELETE
 NAME **DANSON, SOPHIA M**
 STREET ADDRESS **503 SPOONBILL WAY**
 CITY-ST-ZIP **SARASOTA FL 34237**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP **34236-1821**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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 as an attachment with an address, with all other like empowered.

SIGNATURE: Thomas E. Danson PRESIDENT 3/15/99 941-365-4379
 THOMAS E. DANSON JR president Date Daytime Phone #

CR2E034 (11/98)