Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90099 019 ***150.00

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

1. Corporation	MENI# P98000 (018514							
•	BEACH IRONWORKS, INC.							Brille	
Principal Place	e of Business	Mailing Address			$\neg \neg$		isi Mbrill Mālisi Adzisi Adsas	EIDAL INIDI ANAL	HUIL GIUT IUDI
C/O KLINE. MOORE & KLEIN. P.A. 2685 SOUTH BAYSHORE DRIVE #903 COCONUT GROVE FL 33133		C/O KLINE. MOORE & KLEIN. P.A. 2665 SOUTH BAYSHORE DRIVE #903 COCONUT GROVE FL 33133			DO N	OT WRITE IN THIS	SPACE		
				Ì	 Date incorporated or 0 02/25/1998 	Qualifed		ļ	
	lace of Business	2a. Mailing Address			-	4. FEI Number	1100	Apı	plied For
	Alton Road	26 Same				17650817	605		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status De	esired 🗆	\$8.75 A Fee Re	
City & Stat 23 Miam	e i Beach, Florida	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Country			8. This corporation owes	the current year Int		
24 3313						Personal Property Tax			□No
	9. Name and Address of Current	Registered Agent	81	Mana		10. Name and Address of	of New Registered	Agent	
KI EI	N, DONALD M		*'	Name	ROTI	HCHILD, Susan	В		
	KLINE, MOORE & KLEIN, P.A.		82 Street Address 3165		Address	(P.O. Box Number is Not Pine Tree Driv	: Acceptable)		
2665 SOUTH BAYSHORE DRIVE #903			83						
COCONUT GROVE FL 33133								· 	\
			84			Beach	FL	_ 85 Zig (
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about office or registered agent, or both, in the State of Florida. Such change was authorized by the control of					corpora	tion submits this statemen	t for the purpose of	changing its	registered
office or r agent, I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of Section 607.0000. Fibrida	Statutes.				by accept the appoi	intment as reg	gistered
SIGNATURE	I xusas B. Rother Co	frey Ment Susan B.	Roth	chilo	d, <u>R</u> e	eg. Agent_	January	11, 19	99
	Signature, typed or printed name of registered agent	and title (NOTE: Reg	istered Agen 13.	t signature re	equired wh	ien reinstating) ADDITIONS/CHANGES	DATE S TO OFFICERS AN	ND DIRECTO	RS IN 12
TITLE	OFFICERS AND	DELETE	1.1 TITLE		& F		TO OTT IOLITO A	Change	X Addition
NAME	SEXTON, DAVID L	<u></u>	1.2 NAME					_	,
STREET ADDRESS	1130 11TH STREET #7-C		1,3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP		<u> </u>				
TITLE	D & VP				& V	P	•	Change	X Addition
NAME	BRANDON, IRENE R		2.2 NAME						
STREET ADDRESS	2130 BAY AVENUE #4		2.3 STREET	ADDRESS		,			
CITY-ST-ZIP	MIAMI BEACH FL 33140		2. 4 CITY-S	T-ZIP				<u> ' </u>	
TITLE	D & S	☐ DELETE	3.1 TITLE	l	& S	,	•	☐ Change	
NAME	ROTHCHILD, SUSAN B		3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33140		3.4. CITY-S	T-ZIP				Chargo	☐ Addition
TITLE	T	DELETE	4.1 TITLE		T			Change	[X] Addition
NAME	ROTHCHILD, John H		4. 2 NAME			HCHILD, John			,
STREET ADDRESS			4.3 STREET			55 Pine Tree D			
CITY-ST-ZIP	Miami Beach, Florida	DELETE	4.4 CITY-ST 5.1 TITLE	r-zip	MTG	mi Beach, Flo	110a 33140	☐ Change	Addition
TITLE			5.2 NAME						(1) vijensom
NAME etocet annocce			5.3 STREET	ADDRESS			•		

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 attacoment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

David L. Sexton, Pres. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

1-11-99

Change

☐ Addition

Date