


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90042 015 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000045006

1. Corporation Name
BEA AND LOU INC.

Principal Place of Business

3374 NE SANDRA DR
 JENSEN BEACH FL 34957

Mailing Address

3374 NE SANDRA DR
 JENSEN BEACH FL 34957



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

65-0837807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

TRANOWSKI, BEA A
3374 NE SANDRA DR
JENSEN BEACH FL 34957

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

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

TITLE ☐ DELETE

NAME **PRESIDENT**
BEA A. TRANOWSKI
 STREET ADDRESS **3374 NE SANDRA DR.**
 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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 CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME **VICE-PRESIDENT/SECRETARY**1.3 STREET ADDRESS **LOUIS TRANOWSKI**1.4 CITY-ST-ZIP **3374 NE SANDRA DRIVE**2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 (561) 334-1172

CR2E034 (11/98)