PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED
Jun 04, 1999 8:00 am
Secretary of State
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06-04-1999 90010 027 \*\*\*550.00

1. Corporation	MENT # <b>P9800(</b> n Name BEACH SPGP, INC.	0051003\			
Principal Place	e of Rusiness	Mailing Address		- i (Official (iff sand) ivite menn sainn anns a timt i	BIEBS ALBAN BANN WASAN SALE JANK
	OULEVARD #101	10021 PINES BOULEVARD #1	ım		
PEMBROKE PIN		PEMBROKE PINES FL 33024	101		
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				06/08/1998	Asslied For
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 5 - 0844724	Applied For Not Applicable
21		Suite, Apt. #, etc.	<del></del>	<del>                                     </del>	\$8.75 Additional
Suite, Apt.	#, etc.	<del>-</del>	•	5. Certificate of Status Desired	Fee Required
22 City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year into	angible
24	25	29 3	0	Personal Property Tax.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered /	Agent
			81 Name		•
	AN, JEFFREY P ESQ		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	21 PINES BOULEVARD		·		
	TE 106 IBROKE PINES FL 33024		83		
TEM:	idnore fines at 33064		84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	, the above-named corpo	oration submits this statement for the purpose of	changing its registered
office or re agent. I a	egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was auti- pations of, Section 607.0505, Florid	honzed by the corporational statutes.	oration submitts this statement for the purpose of on's board of directors. I hereby accept the appoint	mmerit as registered .
SIGNATURE					
SIGNATURE	Branch - band - moted of positioned for	ment and trie if applicable (NOTE R	enistered Ament signature required	d when (existation) DATE	
L	Signature, typed or printed name of registered at OFFICERS A		egistered Agent signature required	d when (emillating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
12.		gent and title ill applicable. (NOTE. R NND DIRECTORS		2 41-01/4-10-29/	D DIRECTORS IN 12
12.	OFFICERS A	AND DIRECTORS	13.	2 41-01/4-10-29/	D DIRECTORS IN 12
12.	President Byrry Ross 3671 N. Sand Ave	ND DIRECTORS	13.	2 41-01/4-10-29/	D DIRECTORS IN 12 Change Addition
12. TITLE NAME	OFFICERS A	DELETE	13. 13 TITLE 12 NAME	2 41-01/4-10-29/	D DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS	President Banny Ross 3651 N. Sand Ave 1401/4 Wood ft	DELETE	13. 13 TITLE 12 NAME 13 STREET ADDRESS	2 41-01/4-10-29/	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Banny Ross 3651 N. Sand Ave 1401/4 Wood ft	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME	2 41-01/4-10-29/	D DIRECTORS IN 12 Change Addition Change Addition
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12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	President Barry Ross 3651 N. Sand Ave 1401/4 Wood ft  UP David Hollands 3109 Stirling Ad 461/4 wood ft  UP Welle Hollands	DELETE  3302/ DELETE  33332/ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	2 41-01/4-10-29/	
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12. TITLE NAME STREET ADDRESS CHY-ST-ZIP	President Barry Ross 3651 N. Sand Are 1401/4 Wood ft  Oguld Hellevall 3109 Stirling Ad 401/4 wood ft  UP Welter Hellen 3109 Stirling Ad 401/4 wood ft  A	DELETE  3302/ DELETE  3333/ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	2 41-01/4-10-29/	Change Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	President Barry Ross 3651 N. Sand Are 1401/4 Wood ft  Oguld Hellevall 3109 Stirling Ad 401/4 wood ft  UP Welter Hellen 3109 Stirling Ad 401/4 wood ft  A	DELETE  3302/ DELETE  3333/ DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	2 41-01/4-10-29/	Change Addition  Change Addition  Change Addition
12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	OFFICERS A President Barry Ross 3651 N. Sand Ave 1401/1/2000 ft  Ogund Mellevål 3109 Stirling Rå 401/2000 ft  UP Welte Hollen 3109 Stirling Rå 1/01/2000 ft	DELETE  3302/ DELETE  3332/ DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	2 41-01/4-10-29/	Change Addition  Change Addition  Change Addition

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 Statules; 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.

GNATURE:

SKANDER OF PRINTED NAME SIGNING OFFICER OR DIRECTOR

Daylers Phone #

SIGNATURE: