

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90002 006 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000054402**

1. Corporation Name
BEAUREGARD PROPERTIES, INC.

Principal Place of Business
**497 SPRING BROOK LANE
 MARY ESTHER FL 33569**

Mailing Address
**497 SPRING BROOK LANE
 MARY ESTHER FL 33569**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/18/1998

4. FEI Number
59-3499064

Applied For
 Not Applicable

21. Principal Place of Business
6505 Calle de Lago

2a. Mailing Address
P.O. Box 156

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

22. Suite, Apt. #, etc.
 City & State
Navarre, Florida

27. Suite, Apt. #, etc.
 City & State
Fort Walton Beach, FL

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

23. Zip
32566-8929

28. Zip
32549-0156

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

24. Country
United States

30. Country
United States

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
 NAME **PSTD BEAUREGARD, SIDNEY B IV** DELETE
 STREET ADDRESS **497 SPRING BROOK LANE**
 CITY-ST-ZIP **MARY ESTHER FL 33569**

1.1 TITLE
 1.2 NAME **Beauregard, Sidney B IV** Change Addition
 1.3 STREET ADDRESS **6505 Calle de Lago**
 1.4 CITY-ST-ZIP **Navarre, FL 32566-8929**

TITLE
 NAME DELETE
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME DELETE
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME DELETE
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME DELETE
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME DELETE
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP Change Addition

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.

SIGNATURE: **LS SIGNATURE**

CR2E034 (5/99)