


**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90136 037 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000103731**

1. Corporation Name

**JEFFREY S. BEEBE, INC.**

Principal Place of Business

**2614 MOHAWK CIRCLE**  
**WEST PALM BEACH FL 33409**

Mailing Address

**2614 MOHAWK CIRCLE**  
**WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/11/1998**

4. FEI Number

**65-0882631**☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional**  
**Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐**\$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.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**BEEBE, JEFFREY S**  
**2614 MOHAWK CIRCLE**  
**WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE**D**  
**BEEBE, JEFFREY S**  
**2614 MOHAWK CIRCLE**  
**WEST PALM BEACH FL 33409**2.1 TITLE ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

**JEFFREY S. BEEBE****4/14/99****561/640-9382**

CR2E034 (1/98)