## 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** 

## DOCUMENT # P9900000046

BEACON	CONSULTING, INC.									
Principal Plac	ce of Business	Mailing Address						iki <b>uk</b> ii <b>ac</b> ik <b>,</b>	HILL BOSH OCKIL HE	
1401 14TH TERI		1401 14TH TERRACE								
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33				3418			DO NOT 145	NTC 161 T. 110	CDACE	
							DO NOT WE		SPACE	_
							<ol> <li>Date Incorporated or Qualife</li> <li>10/21/1000</li> </ol>	a		
2 Deignainal D	llose of Business	2a. Mailing Address	····				12/31/1998 4. FEI Number		Δnr	lied For
<b>—</b>							65-08918	16		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	_						\$8.75 A	
22		27					5. Certifcate of Status Desired		Fee Rec	
City & Sta	te -	City & State					6. Election Campaign Financing	, ,	\$5.00	May Be
23		28				ļ	Trust Fund Contribution	'	Added to	Fees
Zip	Country	Zip	Cou	ıntry	· · · · · · · · · · · · · · · · · · ·		8. This corporation owes the cu	rrent year In		
24	25	29	30				Personal Property Tax.			□ <u>No</u>
	9. Name and Address of Curren	t Registered Agent		ļ_	T	1	0. Name and Address of New	Registered	Agent	_
O! A.	NE DAIN			81	Name					
CLARKE, PAUL 1401 14TH TERRACE				82	82 Street Address (P.O. Box Number is Not Acceptable)					44.44
	BEACH GARDENS FL 33418			L						
PALIV	DEACH GARDENS FL 334 18			83						
				84	City			P.	85 Zip C	ode
					<u> </u>			FL	<u>-                                    </u>	
office or I	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the obligations of the section	of Florida. Such change was a	lutnonze	עם ב	the corpor	ration's	board of directors. I hereby acc	ept the appo	intment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTI	: Registered	Ager	nt signature re	quired wh		DATE		
12.	OFFICERS AN	ID DIRECTORS	13.				ADDITIONS/CHANGES TO C	FFICERS A		
TITLE	D	☐ D <b>Ē</b> LETĒ							☐ Change	☐ Addition
NAME	CLARKE, TAMMY			AME	Į		•			
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418			1.4 CITY-ST-ZIP			<u>.                                    </u>			Addition
TITLE	D	☐ DELETE		2.1 TITLE					☐ Change	Addition
NAME	ARKE, PAUL			2.2 NAME			<i>,</i> •			
STREET ADDRESS	1401 14TH TERRACE			2.3 STREET ADDRESS						-
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418			2. 4 CITY-ST-ZIP					Change	Addition
TITLE	DELETE			3.1 TITLE					Clange	[_] Addidon
NAME	ł			3.2 NAME						
STREET ADDRESS	<u> </u>				T ADDRESS					
CITY-ST-ZIP	[] DELETE			3.4. CITY-ST-ZIP					Change	Addition
TITLE	☐ DETE LE			4.1 TITLE ·						
NAME	1		4		T +DD0500					
STREET ADDRESS	1				TADDRESS					•
CITY-ST-ZIP			4,4 C	ΠY-S ΠΙΕ	1-ZIP				Change	Addition
TITLE		U SALLIE	5.1 N							
NAME	I .			_						

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP . . r

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition

**FILED** 

May 01, 1999 8:00 am Secretary of State

05-01-1999 90048 016 \*\*\*150.00