## FILED May 11, 2000 8:00 am Secretary of State

## DOCUMENT # P9900090196 1. Entity Name

BEACHLAND OF VERO BEACH, INC.

NAME STREET ADDRESS CXTY-ST-ZIP  TITLE NAME STREET ADDRESS CXTY-ST-ZIP  TITLE NAME STREET ADDRESS CXTY-ST-ZIP  TOTALE NAME STR							03 13 20	ากก จกก์ไ จ	003 ***	150.00	
PRICE SEACH FL 22983  VERO BEACH FL 23983-2206  3. Marifing Address  Suite, Act. #, etc.  Do NOT Writte IN THIS SPACE  Not Space Address of Status Desired   Most Applicable   Mo	Principal Place	of Business	Mailing Address				03-13-2	300 30013	003	130.00	
Suits, Apt. 4, etc.    Suits, Apt. 4, etc.   Suits, Apt. 4, etc.			<b>)</b> 6								
City & State  City & State  Country  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	2. Principal Pla	ce of Business	3. Mailing Address			_					
Not Applicable   Not	Suite, Apt. #	, etc.	Suite, Apt. #, etc.			7	DO NOT WRITE IN THIS SPACE				
Signar Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  HATCH, IRA C  1701 HWY A-1-A, STE 220  VERO BEACH RL 32983  City  FL  Zip Code  8. The above named onthly subfinishing address to the purpose of changing its registered office or registered agent, or both, in the State of Forida.  SIGNATURE  SUBJECT ADDRESS OFFI ADDRESS OFFI AGENTS AND DIRECTORS IN 11  11.  OFFICERS AND DIRECTORS  Tax filing requirement and decis to do so.  Make Check Physibile to Department of State  SIGNATURE  SUBJECT ADDRESS OFFI AGENTS OFFI CERS AND DIRECTORS IN 11  IN DIRECTORS IN 11  IN DIRECTORS IN 11  IN SUBJECT ADDRESS OFFI 3 2 9 U.Y  TITLE  NAME  SIRET ADDRESS OFFI ST. 29  TITLE  NAME  SI	City & State		City & State								
HATCH, IRA C 1701 HWY A-1-A, STE 220  VERO BEACH R, 32963  City FL Zip Code  City FL Now In the State of Florida.  SIGNATURE Separate types a pedeclare at Egytemateration is a practication. (NOTE. Registered digent, or both, in the State of Florida.  SIGNATURE Separate types a pedeclare at Egytemateration is a practication. (NOTE. Registered digent, or both, in the State of Florida.  SIGNATURE Separate types a pedeclare at Egytemateration is a practication. (NOTE. Registered digent, or both, in the State of Florida.  SIGNATURE Separate types a pedeclare at Egytemateration is a practication. (NOTE. Registered digent, or both, in the State of Florida.  SIGNATURE Separate types a pedeclare at Egytemateration is a practication. (NOTE. Registered digent, or both, in the State of Florida.  SIGNATURE Separate types a pedeclare at Egytemateration is a practication. (NOTE. Registered digent, or both, in the State of Florida.  SIGNATURE Separate types a pedeclare at Egytemateration is a practication. (NOTE. Registered digent, or both, in the State of Florida.  SIGNATURE STATE ADDRESS and DIRECTORS IN 11  That Interest in the State of Florida.  STRETA ADDRESS TO DEPECTORS IN 11  THE NAME SIRETA ADDRESS CITY-ST-2P  THE NAME SIRETA ADDRESS CITY-ST	Zip	Country	Zip	Country			5 Cortificate of Status Desired \$8.75 Additional				
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curre	nt Registered Agent			7. N	ame and Address of New I	Registered Aç	jent		
8. The above named entity subfittly his extended from the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.    Signature	1701	HWY A-1-A,STE.220			<u> </u>	ss (P.O. 8o	x Number is Not Acceptabl	е)			
SIGNATURE  Signature typed or price of parts of global global and global					City			FL	Zip Code	}	
Tax filing requirement and elecits to do so.    After MAY 1, 2000 Fee will be \$55.0.00   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Added to Fees (See criteria on back)   Trust Fund Contribution.   Additional Fund Fund Fund Fund Fund Fund Fund Fund	SIGNATURE _	1 XW/	accend nile if applicable. (NO	TE. Registere	d Agent algnature req						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TI	Tax filing re	equirement and elects to do so.	After MAY 1, 2	000 Fee	will be \$550.0	State	Trust Fund Contributi	on. 🗆	Added	to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE ST	11.	OFFICERS AI	ND DIRECTORS	12.		ADI	DITIONS/CHANGES TO OF	FICERS AND			<u>۾</u>
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

Daytene Phone #