

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S03646 (4)
1. Corporation Name
BEEKMAN VILLAGE DEVELOPMENT CORPORATION



Principal Place of Business
290 COCOANUT AVENUE BUILDING 3 SARASOTA FL 34236

Mailing Address
290 COCOANUT AVENUE BUILDING 3 SARASOTA FL 34236

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
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3. Date Incorporated or Qualified
10/03/1990

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3039612

5. Certificate of Status Desired Applied For Not Applicable
\$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MESSICK, ROBERT E.
2033 MAIN STREET
SUITE 600
SARASOTA FL 34237**

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
FL

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	MUSTARI, RONALD	1.2 NAME	
290 COCOANUT AVE., #3		1.3 STREET ADDRESS	
SARASOTA FL	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	MUSTARI, JOANNE	2.1 TITLE	
290 COCOANUT AVE., #3		2.2 NAME	
SARASOTA FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)