COR ANNL	PROFIT PORATION JAL REPORT 1996		Sand Secr	PARTMENT OF STATE Ira B. Mortham retary of State DF CORPORATIONS		
DOCUN 1. Corporation	MENT #	S19161	(6)			
•	BEE, INC.					
Disability of Disability	7 Thursday					
Principal Place 2569 COUNT SUITE 13 CLEARWATE	RYSIDE BLVD.		Mailing Address 2569 COUNTRYSIDE SUITE 13 CLEARWATER FL 34			
* Dissipal Dia	-78 -1				 Date Incorporated or Qualified 12/13/1990 	3a. Date of Last Report 04/14/1995
2. Principal Pla	ce of Business		2a. Mailing Address 26		4. FEI Number 59-3048494	Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	25		Zip 29	Country 30	8. This corporation has liability to Florida Statutes	or intangible tax under s 199.032,
	9. Name and Ad	dress of Current Re	egistered Agent	81 Name	10. Name and Address of New	_
	, JOSEPH E.			7104110	ddraes (P.O. Box Number is Not Accept	ablat
2589 CC	OUNTRYSIDE BLV	D.		82 Street A	Address (P.O. Box Number is Not Accept	able)
2589 CC SUITE 1	OUNTRYSIDE BLV	D.		82 Street A	Address (P.O. Box Number is Not Accept	
2569 CC SUITE 1 CLEARW	OUNTRYSIDE BLV 3 /ATER FL 34621			82 Street A 83 84 City		FI 85 Zip Code
2589 CC SUITE 1 CLEARM 11. Pursuant to or registere	OUNTRYSIDE BLV 3 /ATER FL 34621 the provisions of Sections of Sec	ections 607.0502 and		82 Street A 83 84 City utes, the above-named control by the proposition of the control of the co	Address (P.O. Box Number is Not Accept rporation submits this statement for the p populated of directors. I hereby accept the ap	FL 85 Zip Code
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April 26.96 791-0468.

SIGNALURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: