FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$35487

(5)

BEACHMARK INN, INC.

FILED Mar 23 1998 8:00am Secretary of State



					! #8001000 100 0670 08487 Q1040 10110 1000 83017 01867 0	
Principal Place of Business		Mailing Address				
573 SANTA ROSA BOULEVARD FT. WALTON BEACH FL 32548		573 SANTA ROSA BOUL				
FI. WALION BEAUTI PL 32340		FT. WALTON BEACH FL 32548		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	FACE
					02/28/1991	
2. Principal Place of Business 2n. Mailing Address					4. FEI Number	Applied For
21 26		26	Č		59-3058547	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23	3 28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the curre	ent vear Intangible
24	25	29	30]Yes □No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent
	UNER, VINCENT M.		81	Name		
	3 SANTA ROSA BOULEVARD		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
FT.	WALTON BEACH FL 32548				Total (F.S. Box Halliboria Hall Accorptable)	
			83			
			84	City	FL	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						
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, typod or printed name of registered agent and title if applicable. (NOTE 12. OFFICERS AND DIRECTORS				nt signature requ	uired when reinstaling) DATE	
TITLE	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	
	BRUNER, VINCENT M.				ι	Change Addition
NAME AXDEST ADDRESS	342 SUDDUTH CIRCLE		1.2 NAME			
STREET ADDRESS	FT. WALTON BEACH FL		1.3 STREET			
CITY-ST-ZIP TITLE	THE TOTAL DESCRIPTION	DELETE	1.4 CITY - S	r-zip		Tabana (Tabana
		D DECEM	2.1 TITLE		ι	Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	l l		
CITY-ST-ZIP	DELETE		2. 4 CITY - S	T-ZIP		10 -
TITLE		☐ DELETE	3.1 TITLE		L	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP		Devere	3.4. CITY-S	T-ZIP		
TITLE		DELETE	4.1 TITLE		L	Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-S	- ZIP		
TITLE		☐ DELETE	5.1 TITLE		L	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	address		
CITY-ST-ZIP			5.4 CITY-S	- ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			64 CITY-ST	- 7IP	•	

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 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 receiper 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 attendment with an address.

CICMATURE.

(850) 244-81.81