**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S51297**

1. Corporation Name

BEACH	INVESTMENT ENTERPRIS	ES CO.	•									
Principal Place	e of Business	Ma	aiting Address					1 10011013	U	. 18111 1881 8181	<b>                                    </b>	FII 91911 BIBIL 1891
1915 S FEDERAL HWY FORT LAUDERDALE FL 33316 US  1915 S FEDERAL HWY FORT LAUDERDALE FL 3331 US  US								<i>*</i>		VRITE IN TH	IIS SPACE	2.5
								3. Date Incorpor		ed		
								05/07/199	1		T-1	No. Kad Fan
Principal Place of Business     Address     Address								4. FEI Number				Applied For
21 26								00 0201000			Not Applicable  5 Additional	
Suite, Apt. #, etc.							- 1	5. Certifcate of	Status Desired	1 🛛	•	Required
22 27 City & State City & State								6 Flaction Com	nojan Einonoj			
City & State			28					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip Country			Zip Country					8. This corporat		current vear	Intangible	
24	25	29	<del>-</del> -r	30	,			Personal Pro			Yes	□No
24	9. Name and Address of Curi		stered Agent	1,501				10. Name and A		w Registere	ed Agent	
					81	Name	,	200				
	NK, SCOTT J. ESQUIRE				82	Stroot	Addres	s (P.O. Box Numb	er is Not Acc	entable)		
	9 EAST COMMERCIAL BOULE	VARD			02	Sueet	- Cuaico	is (i .O. box raini		эршыо,		
	TE 200				83							
FT.	LAUDERDALE FL 33308				84	City					. 85 Z	ip Code
						, ,		ation submits this		F		•
agent. I a	am familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS	agent and title	if applicable. (NOT				equired w	then reinstating)	HANGES TO	DATE OFFICERS	AND DIREC	TORS IN 12
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NAME			□ Deceie	6.2 N	AME	T ADDRESS	ļ			٠	·	J

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90157 018 \*\*\*150.00