PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S65951** 1. Corporation Name

BEACH BEAT ENTERPRISES, INC.

Mailing Addrage

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90020 009 ***150.00



Principal Plac	e or pusitiess	Mailing A	uuicaa				i				
1022 BAYBREE	ZE TERRACE	1022 BAYB	1022 BAYBREEZE TERRACE								
LARGO FL 34640 LARGO FL 34640							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							1	ted of Qualified			
							07/15/1991			- A-	polied For
⊢ ¬ '	lace of Business	Za. Mailing	2a. Mailing Address				4. FEI Number				
21		26				59-3077712				ot Applicable	
Suite, Apt.	#, etc.	\vdash	Suite, Apt. #, etc.				5. Certifcate of St	atus Desired			Additional equired
22		27									
City & Stat	e	— ´	- City & State				6. Election Campa			•	May Be
23	<u> </u>	28					Trust Fund Cor				to Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible Personal Property Tax.					
24 3377			3770 30	<u>'l</u>			10. Name and Ad		-		
	9. Name and Address of Curren	t Registered A	lgent	81	I N	lame	IV. Name and Au	dress of New N	egistered A	gent	
01.01	TN CDEC			°'	' N		elvin F. S	chultz			1
OLSEN, GREG					82 Street Address (P.O. Box Number is Not Acceptable)						
12633 ULMERTON ROAD					<u> </u>	12	<u> 2501 Ulmer</u>	<u>ton Roa</u>	<u>d</u>		
SUITE A				83			ot 236				}
LAR	GO FL 34616			84	ı c	ity	JL 230			85 Zip	Code
}				1		Ĺā	argo		FL	33	Code 774
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508	3, Florida Statutes,	the abov	e-na	med com	poration submits this st	atement for the	purpose of c	hanging 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.											
1											99
SIGNATURE	Meluw F. Scholis Signature, typed or printed name of registered ager	nt and title if applicab	e. (NOTE: Re	gistered Age	nt sign	natura require	ed when reinstating)		DATE	,,,,	
12. OFFICERS AND DIRECTORS 13.							ADDITIONS/CH	ANGES TO OF	ICERS AND	DIRECTO	ORS IN 12
TITLE	D		DELETE	1.1 TITLE						Change	☐ Addition
NAME	CULBREATH, PAUL H. III			1.2 NAME							
STREET ADDRESS	1022 BAYBREEZE TERRACE			1.3 STREE	T ADD	DRESS					1
	LARGO FL			1.4 CITY-S		·					
CITY-ST-ZIP	LANGO FL		☐ DELETE	2.1 TITLE	J (- 2.12		_ _			Change	☐ Addition
NAME				2.2 NAME						-	
1				2.3 STREE		DEEC					
STREET ADDRESS											
CITY-ST-ZIP			□,DELETE	2.4 CITY-1	\$1-ZI	-		•		[] Change	Addition
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NAME				3.2 NAME		l					į
STREET ADDRESS				3.3 STREE							
CITY-ST-ZIP				3.4. CITY-	ST-ZI	<u> </u>				Chanas	Addition
TITLE			DELETE	4.1 TITLE						☐ Change	
NAME'				4. 2 NAME							}
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CITY-ST-ZIP				4.4 CITY-S	ST-ZIP	- -		···			
TITLE			□ DELETE	5.1 TITLE		١				☐ Change	☐ Addition
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE	TADO	DRESS					
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP	·					
TITLE			☐ DELETE	6.1 TITLE						Change	☐ Addition
NAME				6.2 NAME							{
STREET ADDRESS				6.3 STREE	OGA T	DRESS					ı
CITY-ST-ZIP				6.4 CITY-5	ST-ZIF	-					
, GI/ 1-31-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 the empowered.