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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$74512

(2)

**B.E.A.** CONSTRUCTION, INC.

FILED							
May 14 1997 8:00am							
Secretary of State							

Principal Place 2200 SW 64TH SUTE-694 MIRAMAR FL 3: US  2. Principal P. 21 Suite, Apt 22	AVE 3025 Jace of Business	Mailing Address 2200 SW 84TH AVE SUITE 604 MIRAMAR FL 33025-5143 US  2a. Mailing Address 26 Suite, Apt. #, etc.			3. Date Incorporated or Qualified 08/16/1991 4. FEI Number 65-0277012 5. Certificate of Status Desired	3a. Date of Last Report 02/02/1996 Applied For Not Applicable \$8.75 Additional Fee Regulred	
City & State  23  Zip	Country	City & State 28 Zip	Country		Election Campaign Financing     Trust Fund Contribution     This corporation has liability for	\$5.00 May Be Added to Fees	
24	25]	29	30		Florida Statutes	Yes XNo	
	9, Name and Address of Current	Registered Agent			10. Name and Address of New Re	glatered Agent	
	LAND, BARRY		81	Name		,	
	) E. HALLANDALE BEACH BLVD. E 500		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
	LANDALE FL 33009		83				
IIALI	DAIDHE I F GOODS						
E			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 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							
<del></del>	Signature, typed or purified name of registored agent			ent signature requ	red when reinstating)	DATE	
.12.	PD OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	GURLAND, BARRY	CJ occur.	1.2 NAME			LT Charge LT Monton	
STREET ATTORESS 2500 E HALLANDALE BCH BL			1.3 STREET ADDRESS				
CHY-SI-ZIF	HALLANDALE FL		1.4 CITY - S	·			
THLE	VPDT	DELETE	2.1 TITLE	·		Change Addition	
ÑAME	GOLDBERG, JOHN		22 NAME				
STREET ADDRESS				ADDRESS			
CITY - ST - ZIF	HALLANDALE FL S	PALETE	2 4 CITY-	ST-ZIP			
TOLE	GOWANS, SHARON	☐ DELETE	31 TITLE			Change L Addition	
NAME STREET ADDRESS	220 SW 84TH AVE.		3.2 NAME 3.3 STREET	ADDRESS			
CHY SI DP	MIRAMAR FL		3.3 STREET				
TillE		DELETE	41 TITLE	31 - EN	***************************************	☐ Change ☐ Addition	
NAME			4 2 NAME				
STREET ADORESS			43 STREET	ADDRESS			
CHY-ST-7:P	211 TO 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.4 CITY- 9	T-ZIP			
1'TLE		☐ DELETE	51 TITLE	ļ		☐ Change ☐ Addition	
NAME.			5 2 NAME				
STHEET ADDRESS			5 3 STREET	į.			
City-St-7.P		DELETE	5.4 CITY - S 6.1 TITLE	1-21		Change Addition	
NAME		toomal Property of	6.2 NAME	1		terret a constitution from a constitution	
7-1-1-1-1			0.2 10 11012	+			

63 STREET ADDRESS 64 CITY-ST-ZIP

14. I do 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 failural report is true and accurate and that my signature shall have the same legal effect as if made under oath, that it am an officer or director of the corporation or the receiver or it is see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged, or on an attachine it with an address. SIGNATURE:

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ŠTREET ADDRESS

4/25/97 954-450-1402-