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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

Addition

Addition

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

•	BEACH HOSPITALITY GR		(O)					
Principal Place of Business Mailing Address			ess				818H 018H 818H 878H 818H 818H 1887	
290 SUNSET AVE PALM BEACH FL 33480		280 SUNSET AVE Palm Beach FL 33480-3815						
						3. Date Incorporated or Qualified 09/23/1991	3a. Date of Last Report 05/01/1996	
2. Principal F	Place of Business	28. Mailing A	2a. Mailing Address 26			4. FEI Number 65-0289186	Applied For Not Applica	
Sulte, Apt. #, etc.		Suite, Apt	· • · • · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired	\$8.75 Additiona Fee Required	
City & Stat 23		City & Sta	te			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25	Zip 29	3	Count	y.	8. This corporation has liability for in Florida Statutes	ntangible tax under s 199.032 Yes 🛂 No	
	9. Name and Address of Co	urrent Registered Age	nt			10. Name and Address of New Re	stered Agent	
CLARKE, JAMES U. 280 SUNSET AVE				8:		Address (P.O. Box Number is Not Acceptable)		
PAL	M BEACH FL 33480			8:	3			
				8-	City		85 Zip Code	
11. Pursuant office or agent. I a	to the provisions of Sections 607 registered agent, or both, in the sam familiar with, and accept the c	7.0502 and 607.1508, FI State of Florida, Such of obligations of, Section 6	orida Statules nange was au 07.0505, Flori	s, the aborathorized b	ve-named cor by the corpora es.	reporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its register the appointment as registere	
SIGNATURE	Signalure, typed or printed name of register	and accord and take if any broken	(NO)	E. Siland A		u red whon reinstating)		
12.		S AND DIRECTORS	(INO)E	13.	jeni signature requ	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTORS IN 12	
TITLE	D	· · · · · · · · · · · · · · · · · · ·	DELETE	11 THILE			Change Addi	
NAME	CLARKE, JOHN M.	_		1.2 NAME			Lim Vivingo /1000	
STREET ADDRESS	280 SUNSET DR				I ADDRESS			
CITY-ST-ZIP	PALM BCH. FL			1.4 C/TY-				
TITLE	D		DELETE	2.1 TITLE			☐ Change ☐ Addi	
NAME	CLARKE, JAMES U.			2.2 NAME				
STREET ADDRESS	280 SUNSET AVE	ALMIAPE ALE		2.3 S1RE8	.1 ADDRESS			
CITY - ST - ZIP	PALM BEACH FL			2 4 CITY				
TITLE	D		DELETE	3.1 1111.5			Change Addi	
NAME	CLARKE, MARGARET			3.2 NAME				
STREET ADDRESS	280 SUNSET DR			3.3 STREE	TADDRESS			
CITY-ST-ZIP	PALM BCH. FL			3.4. GHy-	S1 - ZIP			
TITLE			DELE1E	4.1 TITLE	1		Change Addi	

6.4 CHTY - 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 Statules. Further certify that the information indicated on this annual report or supplemental annual report is true and accurate anothat 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.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

4.4 CITY-ST-ZIP