FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S83078** **(3)**

1. Corporation Name

BEAUFORT, INC.

Principal Place of Business	Mailing Address
C/O TIMOTHY J. NORRIS 200 S. BISCAYNE BLVD.. SUITE 4500 MIAMI FL 33131	C/O TIMOTHY J. NORRIS 200 S. BISCAYNE BLVD.. SUITE 4500 MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address
21 % TIMOTHY J. NORRIS	26 % TIMOTHY J. NORRIS
Suite, Apt. #, etc. 22 ONE S.E. THIRD AVE., 17TH FLR.	Suite, Apt. #, etc. 27 ONE S.E. THIRD AVE., 17TH FLR.
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33131	Zip 29 33131
Country 25 U.S.A.	Country 30 U.S.A.

3. Date Incorporated or Qualified: 09/26/1991

3a. Date of Last Report: 10/30/1995

4. FEI Number: 65-0285193 ☐ Applied For ☐ Not Applicable

5. Certificate of Status is Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NORRIS, TIMOTHY J
200 S. BISCAYNE BLVD.
SUITE 4500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
THOMSON MURARO RAZOOK & HART, P.A.

83
ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR

84 City: MIAMI FL 85 Zip Code: 33131

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: Timothy J. Norris TIMOTHY J. NORRIS 3/8/96
Signature of New Registered Agent — Name (Typed or Printed) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ZUNENSHINE, DAVID	12 NAME	
STREET ADDRESS	7405 TRANS CANADA	13 STREET ADDRESS	
CITY-ST-ZIP	ST. LAURENT, QUEBEC H4T 1Z2	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted.

SIGNATURE: x [signature] MARCH 13/96 514-344-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID ZUNENSHINE