

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa B. Matheson
Secretary of State
DIVISION OF CORPORATE FILLS

APPROVED
AND
FILED

90 MAY 12 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S98736**

(9)

1. Corporation Name

BEANER CORP.

Principal Place of Business

**10240 NW 47TH STREET
SUNRISE FL 33351**

Mailing Address

**10240 NW 47TH STREET
SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or 2nd year)

12/09/1991

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

County, Apt. #, etc.

22

City & State

23

City & State

24

2a. Mailing Address

26

County, Apt. #, etc.

27

City & State

28

City & State

29

30

4. FIC Number

65-0308486

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Does corporation have subsidiaries or
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VITOLO, JOE
10240 NW 47TH STREET
SUNRISE FL 33351**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the same are true and correct to the best of my knowledge and belief.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

AT

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 12)

1. NAME
P VITOLO, JOSEPH
2. STREET ADDRESS
1109 GUAVA ISLE
3. CITY, STATE, ZIP
FT LAUDERDALE FL

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP
4. NAME
5. STREET ADDRESS
6. CITY, STATE, ZIP
7. NAME
8. STREET ADDRESS
9. CITY, STATE, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP
19. NAME
20. STREET ADDRESS
21. CITY, STATE, ZIP
22. NAME
23. STREET ADDRESS
24. CITY, STATE, ZIP
25. NAME
26. STREET ADDRESS
27. CITY, STATE, ZIP
28. NAME
29. STREET ADDRESS
30. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 191.12(2)(b), Florida Statutes. Further, I certify that the information is true and correct, 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, and am not a resident of this state, and that my signature is required by Chapter 661, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, and that my name is accompanied by an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Vitolo

5-1-95

905-572-6400