

**FIVE NOW: FILING FEE AFTER MAY 1ST IS \$350.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

10/13

00 OCT 30 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V29804**

1. Corporation Name

Beach Bay Health Star, Inc.

BEACH BAY HEALTH STAR, INC.

Principal Place of Business

Mailing Address

2175 Frankford Ave.

Apt. C101

Panama City, FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 20, 1992

4. FE Number

59-3117632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

2175 FRANKFORD AVE

Suite, Apt. #, etc.

PANAMA CITY, FL.

City & State

32405

USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Michael Gruver

434 MAGNOLIA AVE

PANAMA CITY, FLA

32402-1368

Tallahassee, FL 32302-2117

81 Name

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

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ADMINISTRATOR / P.S. ☐ DELETE  
NAME VICTORIA DILALLO  
STREET ADDRESS 2175 FRANKFORD AVE C101  
CITY-ST-ZIP PANAMA CITY, FLA. 32405

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition  
000003482170--2  
-12/01/00--01002--020  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 like empowered.

SIGNATURE:

Victoria Dilallo, ADM.

APRIL 20, 2000

850-769-9183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.25.00  
Victoria DiRallo  
2175 Hankford Avenue  
Apartment E-105  
Panama City, Florida  
32405

Annual Report Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed is the required form to file the Annual  
Corporate fee of ~~100.00~~<sup>225.00</sup> for Beach Boy Health Store, Inc.  
I did not receive a printed form to file this  
year so I'm mailing in the form enclosed.

The corporation is involved in a lawsuit  
against individuals/corporations who owe the  
corporation money to pay corporate debt as  
the agency is closed.

The mailing address is my personal address  
for correspondence.

If you should have any questions you may  
write me or call at 850-769-9183.

Thank you

Sincerely,

Victoria DiRallo, Admin. President of  
Beach Boy Health Store, Inc.

Money Order #  
3-723106901 - 75.00  
723106902 - 9.00  
273521138 - 150.00

2175 Frankford Avenue #C 101  
Panama City, Florida 32405  
850-769-9183

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Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

I just received your return letter. Looks like someone placed my mail in the bin and in another one's hands. Anyway, I am returning this check to you & the money order for \$150.00 as purchased in April to cover the fee due.

There is no name change. The corporation has remained as Beach-Bay Health Store, Inc since the initial corporation date in April of 92.

I have moved to a new apartment in the same facility. Please note the change in the apartment number.

Thank you,

Sincerely yours,

Victoria DiLallo