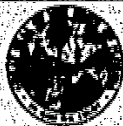


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V31110 (2)**

1. Corporation Name

**BEACON REAL ESTATE & ART GALLERY, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
585 N. NOVA ROAD SUITE 120 ORMOND BEACH FL 32174 US		608 MOONPENNY CIRCLE PORT ORANGE FL 32127	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/20/1992	04/21/1994
Suite, Apt. #, etc.		4. FEI Number	Applied For
22		59-3122646	Not Applicable
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	<input type="checkbox"/>	
29	30	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ROGERS, ERNIE  
608 MOONPENNY CIRCLE  
PORT ORANGE FL 32127**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

**FL**

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 I accept the provisions of, Section 607.0505, Florida Statute.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>ROGERS, ERNIE</b>
STREET ADDRESS	<b>608 MOONPENNY CIRCLE</b>
CITY - ST - ZIP	<b>PORT ORANGE FL</b>
TITLE	<b>VP</b>
NAME	<b>SOLDAVIN, JOANNA</b>
STREET ADDRESS	<b>300 REVULO BLVD</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>T</b>
NAME	<b>ROGERS, ERNIE</b>
STREET ADDRESS	<b>608 MOONPENNY CIRCLE</b>
CITY - ST - ZIP	<b>PORT ORANGE FL</b>
TITLE	<b>S</b>
NAME	<b>SOLDAVIN, JOANNA</b>
STREET ADDRESS	<b>300 REVULO BLVD</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joanna Soldavin **JOANNA SOLDAVIN** 4-24-95 (904) 673-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #