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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V37930

(7)

1. Corporation Name

BEELEY ENTERPRISES, INC.

Principal Place of Business

2051 SO PATRICK DRIVE
INDIAN HARBOUR BEACH FL 32937
US

Mailing Address

650 SEVILLE COURT
SATELLITE BEACH FL 32937-3954
US

3. Date Incorporated or Qualified
05/19/1992

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 845 BONNIE CT

22 City & State

27 Satellite Beach FL

23 Zip

Country

28 32937

Country
USA

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEELEY, WILLIAM E
650 SEVILLE COURT
SUITE 505
SATELLITE BEACH FL 32937

81 Name

William Beeley

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

845 BONNIE CT

83

84 City

SATELLITE BEACH FL

85 Zip Code

32937

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEELEY, WILLIAM E.
650 SEVILLE CT
SATELLITE BCH FL 32937

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
William Beeley
845 Bonnie Ct
Satellite BCH FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEELEY, MARY ELLEN
650 SEVILLE CT
SATELLITE BCH FL 32937

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Mary Ellen Beeley
845 Bonnie Ct
Satellite BCH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
DELETED

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 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

2/1/97

407-777-7822

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