

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90201 042 ***150.00

DOCUMENT # V44830

1. Corporation Name

JILL BEACH PRODUCTIONS, INC.

Principal Place of Business

6841 SW 49 ST.
MIAMI FL 33155

Mailing Address

6841 SW 49 ST.
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1992

4. FEI Number

65-0348689

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

21 4555 Ponce de Leon Blvd.

2a. Mailing Address

26 4555 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Coral Gables, FL

City & State

28 Coral Gables, FL

Zip

24 33146

Country

Zip

29 33146

Country

30

9. Name and Address of Current Registered Agent

BEACH, JILL
6841 S.W. 49TH STREET
STE. 205
MIAMI FL 33155

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE PVS ☐ DELETE

NAME BEACH, JILL
STREET ADDRESS 6841 SW 49 ST.
CITY-ST-ZIP MIAMI FL 33155

TITLE TD ☐ DELETE

NAME BEACH, JILL
STREET ADDRESS 6841 SW 49 ST.
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME President
1.3 STREET ADDRESS Beach, Jill
1.4 CITY-ST-ZIP 4555 Ponce de Leon Blvd.
Coral Gables, FL. 33146

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME President
2.3 STREET ADDRESS Beach, Jill
2.4 CITY-ST-ZIP 4555 Ponce de Leon Blvd
Coral Gables, FL. 33146

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99 305-669-0335

Date

Daytime Phone #

CR2E034 (11/98)

0224395