


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 111794
 1. Entity Name
BECKWITT OPTICAL COMPANY



Principal Place of Business C/O BEATRICE ENGEL 8425 SW 80 PLACE MIAMI, FL 33143	Mailing Address C/O BEATRICE ENGEL 8425 SW 80 PLACE MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0159430	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ENGEL, BEATRICE B
 8425 SW 80 PLACE
 MIAMI FL, FL 33143**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKWITT, JULES 775 107TH ST, OCEAN MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ENGEL, BEATRICE B 8425 SW 80 PLACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGEL, MATT A 1181 JESSAMINE LAKE CT ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAGUETTE, HORTENSE 250 HAMMOND POND PKWY #401 SOUTH CHESTNUT HILL, MA 02467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, KAREN E 7631 EAST CYPRESS HEAD DR PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/08/04-80005-024 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beatrice B. Engel **1-6-04 305-279-9952**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #