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## 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

DOCUMENT # 491756							
BECKER'S STEEL	<b>FABRICATING</b>	AND	SALES,	INC.			

Principal Place of Business 77 SOUTHWEST 8TH AVENUE Mailing Address

77 SOUTHWEST 8TH AVENUE

HOMESTEAD FL 33030 HOMESTEAD FL 33030			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 12/01/1975			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-1641071 59-1641074	Applied For Not Applicable		
Suite, Apt. #, etc.	26     Suite, Apt. #, etc.     27			\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Co 29 30	untry	This corporation owes the current year Intan     Personal Property Tax.	gible ∃Yes □No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
WATKINS, KATHLEEN H 16881 S.W. 266 TERRACE HOMESTEAD FL 33031		81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)			
		84 City		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, and accept the obligations of Section 607.0505. Florida Statutes

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 ap	olicable. (NOTE: Ro	ogistered Agent signature re	equired when reinstating)	DATE			
12.	OFFICERS AND DIRECT	<del></del>	13.		OFFICERS AND DIRECTOR	RS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition		
NAME	BECKER, PAUL J		1.2 NAME					
STREET ADDRESS	77 S.W. 8 AVE.		1.3 STREET ADDRESS		` ,			
CITY-ST-ZIP	HOMESTEAD FL		1,4 CITY-ST-ZIP					
TITLE	ST	DELETE	2.1 TITLE		☐ Change	Addition		
NAME	BECKER, MARIE C		2.2 NAME			ļ		
STREET ADDRESS	77 S.W. 8 AVE.		2.3 STREET ADDRESS					
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE		Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS		•	ĺ		
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition		
NAME			4.2 NAME					
STREET ADDRESS		•	4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME			5.2 NAME	•		[		
STREET ADDRESS			5.3 STREET ADDRESS			ì		
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME			ĺ		
STREET ADDRESS	•		6.3 STREET ADDRESS			i		
CITY-ST-ZIP			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: