

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H60532 (9)					
1. Corporation Name BECKMEYER & MULICK, P.A.					
Principal Place of Business % KARL BECKMEYER 88539 OVERSEAS HIGHWAY TAVERNIER FL 33070			Mailing Address 81990 OVERSEAS HIGHWAY SUITE 201 ISLAMORADA FL 33036 US		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 81990 OVERSEAS HIGHWAY Suite, Apt. #, etc. 22 SUITE 201 City & State 23 ISLAMORADA, FL 33036 Zip 24 33036		2a. Mailing Address 26 81990 OVERSEAS HIGHWAY Suite, Apt. #, etc. 27 SUITE 201 City & State 28 ISLAMORADA, FL 33036 Zip 29 33036		3. Date Incorporated or Qualified 06/05/1985		4. FEI Number 59-2122561		Applied For Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent %BECKMEYER, KARL 81990 OVERSEAS HIGHWAY SUITE 201 ISLAMORADA FL 33036				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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

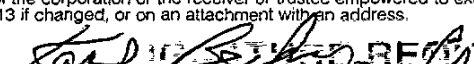
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	BECKMEYER, KARL			1.2 NAME			
STREET ADDRESS	81990 OVERSEAS HWY, #201			1.3 STREET ADDRESS			
CITY - ST - ZIP	ISLAMORADA FL			1.4 CITY - ST - ZIP			
TITLE		☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY - ST - ZIP				2.4 CITY - ST - ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
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			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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.

SIGNATURE:  REFINED

1/9/98

(305) 664-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0143653

CR2E034 (10/97)