FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

PROFIT CORPORATION ANNUAL REPORT



FEORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
Division of Corporations

1996

DOCUMENT # J44917

(9)

BESICO, INC.

520.50					
Principal Place of Business Mailing Address				I IUUITIN OTAF OIBHI OIDHO FOTAL ANDAL	IODA ENDIA DIRIK DIRIK BIBIK BIBIK BIBIK KODI
	ast eighth avenue RDALE FL 33334	4046 NORTHEAST EIG FORT LAUDERDALE FL			
				Date Incorporated or Qualified 12/03/1986	3a. Date of Last Report 08/08/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite Apt. #, etc		Suite, Apt # etc		59-2839193	Not Applicable
22 Suite, Apr. #	, etc	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes 💢 Yes	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
DEMOVO	ALD, ROGER				
	RTHEAST EIGHTH AVENUE		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	UDERDALE FL 33334		83	98 (198 (1)) (1) (1) (1) (1) (1) (1) (1) (1) (
			84 City		85 Zip Code
			Oity		FL 85 Zip Code
familiar with	ed agent, or both, in the State of Flo n, and accept the obligations of, Se Symples types or product or of otrops and age	rtion 607.0505, Florida Statutes	eo by the corporation's book 11. Banders Object security receives	rd of directors. Thereby accept the appointment of directors.	ontment as registered agent. Laur
12.		ND DIRECTORS	13.	ADDITIONS CHANGES TO OFFI	
TITLE	DP	DELETE	1 1 T.TLE		☐ Change ☐ Addition
· NAME	reinsvold, roger		1.2 NAME		
STREET ADDRESS	5588 DESCARTES CIR		1.3 STREET ADDRESS		
CITY - ST - ZiP	BOYNTON BEACH FL		1.4 CrTY - \$1 - ZrP		
TITLE		☐ DEFELE	2 1 T ILE		Change Addition
NAME STREET ADDRESS			2.2 NAME		
City -St - ZiP			2.3 STREET ADDRESS 2.4 O(TY - ST - Z)P		
TITLE		DELETE	3 1 THUE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C1TY - ST - 7(P			3.4.CiTy - \$1 - Z/P		
TITLE		☐ DELFTE	4 1 7 TLF		Change Addit on
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CiTY - ST - ZIP		[7] DELETE	4.4 C/TY - ST - Z/P		Change Addit on
TITLE NAME		Lateriese	5 1 TITLE 52 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addit on
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C-TY-ST-ZiP			64 CITY - \$1 - 7/2		
certity that oath that I	the information indicated on this an	dual report or supplemental ann solution or the receiver or truste	ual report is true and accura e en powered to execute thi	or the exemption stated in Section 119, ite and that my signature shall have the s report as required by Chapter 607, Fix	same legal effect as if made under

4/30/94 954/563-5797