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

CORPORATION ANNUAL REPORT

1998

TAMARAC FL

SCOTT BOYAR

TAMARAC FL

BOYAR, KEN

5736 S. BAYBERRY LANE

5736 S. BAYBERRY LANE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K53086

(0)

BEHR MACHINERY AND EQUIPMENT CORP.

Principal Plac	ce of Business	Mailing Address							
5736 S. BAYBERRY LANE 5736 S. BAYBERRY LANE TAMARAC FL 33319-3521 US US					DO NOT WRITE IN THIS SPACE				
					12/22/198	ated or Qualified			·
21 173	6 S. PAYBERRY LN				4. FEI Number 65-0266	396			Applied For Not Applicable
Suite, Apt. #, etc. Suite, -Apt. #, etc. 27					5. Certificate of	Status Desired			Additional Required
City & State City & State 23 1 A SU ARBO 28					6. Election Cam Trust Fund C				O May Be d to Fees
Zip Zip Coursey Zip A ME 30 Coursey					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					10. Name and Address of New Registered Agent				
BC	DYAR, LOUIS		81	Name					
5736 S. BAYBERRY LANE				Street Add	Address (P.O. Box Number is Not Acceptable)				
TAMARAC FL 33319			82	0110011100	reas (r.o. Box radina	er is the modeple	(C)		
			83						
			84	City			FL	<b>-</b> {	p Code
11. Pursuant office or agent. 1 s	to the provisions of Sections 607,0502 registered agent, or both, in the State cam familiar with, and accept the onligat	and 607,1506, Florida Statutes of Florida Such change was auti ions of Section 807,0506, Florid	the above horized by ia Statutes	e-nanced corpora	poration submits this tion's paratic direct	statement for the ors, I hereby acce	purpose of	of changing obintment a	its registered as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	tegisterect ge	nt signature requi	red when sociating)		DATE		<del></del> -
12.	OFFICERS AND		13.		ADDITIONS/CI	HANGES TO OFF	CERS AN	D DIRECTO	
TITLE	PST	✓ □ DELETE	1.1 TITLE			5.		☐ Change	e Addition
NAME	BOYAR, LOUIS		1.2 NAME	]	-				
STREET ADDRESS	5736 S. BAYBERRY LANE		1.3 STREET	ADDRESS					

DELETE

DELETE

TAMARAC FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME TONI JASON 4. 2 NAME 5736 S. BAYBERRY LANE STREET ADDRESS 4.3 STREET ADDRESS TAMARAC FL CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition STREET ADDRESS 6.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.3 STREET ADDRESS

3.3 STREET ADDRESS

2. 4 CITY - ST-ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 the 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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE R

**FILED** 

Jan 23 1998 8:00am

Secretary of State

Addition

L Addition

Change

Change

CR2E034