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

0300744

DOCUMENT # K53086

1. Corporation Name

BEHR MACHINERY AND EQUIPMENT CORP.

Principal Place of Business	Mailing Address
5736 S. BAYBERRY LANE TAMARAC FL 33319-3521 US	5736 S. BAYBERRY LANE TAMARAC FL 33319-3521 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	**12/22/1988**

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	**65-0266396**	Not Applicable

City & State	City & State
23	28

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

Zip	Country	Zip	Country
24	25	29	30

6. Election Campaign Financing ☐ — **$5.00** May Be Added to Fees
Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOYAR, LOUIS
5736 S. BAYBERRY LANE
TAMARAC FL 33319

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

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 _____

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	☑ DELETE	1.1 TITLE / ☐ Change ☐ Addition
NAME	BOYAR, LOUIS		1.2 NAME
STREET ADDRESS	5736 S. BAYBERRY LANE		1.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP
TITLE	D	☑ DELETE	2.1 TITLE / ☐ Change ☐ Addition
NAME	SCOTT BOYAR		2.2 NAME
STREET ADDRESS	5736 S. BAYBERRY LANE		2.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	3.1 TITLE / ☐ Change ☐ Addition
NAME	BOYAR, KEN		3.2 NAME
STREET ADDRESS	5736 S. BAYBERRY LANE		3.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP
TITLE	D	☑ DELETE	4.1 TITLE / ☐ Change ☐ Addition
NAME	TONI JASON		4.2 NAME
STREET ADDRESS	5736 S. BAYBERRY LANE		4.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL		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 with all other like empowered.

SIGNATURE: _____ 1/4/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #