

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90123 039 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000064393**

1. Corporation Name  
**THE BECK MARINE GROUP, INC.**



Principal Place of Business  
 460 WEST 83RD STREET  
 HIALEAH FL 33014

Mailing Address  
 460 WEST 83RD STREET  
 HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/22/1998**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

4. FEI Number  
**65-0860009**

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARTHET, PATRICK C ESQ**  
**200 SOUTH BISCAYNE BOULEVARD**  
**SUITE 1800**  
**MIAMI FL 33131**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARTHET, PATRICK C ESQ</b>	
STREET ADDRESS	<b>200 SOUTH BISCAYNE BLVD. #1800</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VD Konchak, Eric</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>460 W. 83 ST.</b>	
1.3 STREET ADDRESS	<b>Hialeah FL 33014</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>STD Kathy Knight</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>460 W. 83 ST.</b>	
2.3 STREET ADDRESS	<b>Hialeah FL 33014</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>PD Konchak, William</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>460 W. 83 ST.</b>	
3.3 STREET ADDRESS	<b>Hialeah FL 33014</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>VD Clifford Konchak</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>460 W 83 ST</b>	
4.3 STREET ADDRESS	<b>Hialeah FL 33014</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **[Signature]** H. Konchak 4-8-99 305-821-6441  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)