

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 17 PM 11:21

**DOCUMENT # S13327 (9)**  
1. Corporation Name  
**BECKER TECHNOLOGIES, INC.**

Principal Place of Business Mailing Address  
**4911 DONOVAN ST ORLANDO FL 32808** **4911 DONOVAN ST ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE.

|                                |  |                        |  |  |                                |
|--------------------------------|--|------------------------|--|--|--------------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified  | 3a. Date of Last Report        |
| 21 Suits, Apt. #, etc.         |  | 26 Suits, Apt. #, etc. |  | 11/09/1990   | 05/23/1994                     |
| 22 City & State                |  | 27 City & State        |  | 4. FBI Number  | Applied For                    |
| 23 Zip                         |  | 28 Zip                 |  | 59-3040077   | Not Applicable                 |
| 24 Country                     |  | 30 Country             |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |
|                                |  |                        |  | <input type="checkbox"/>   |                                |
|                                |  |                        |  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be Added to Fees    |
|                                |  |                        |  | <input type="checkbox"/>   |                                |
|                                |  |                        |  | 6. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|   |  |  |  |   |                 |             |    |
|---|--|--|--|---|-----------------|-------------|----|
| 9. Name and Address of Current Registered Agent                                 |  |  |  | 10. Name and Address of New Registered Agent          |                 |             |    |
| BRAVO, CARMINE M ESQ<br>2957 W STATE ROAD 434<br>SUITE 400<br>LONGWOOD FL 32779 |  |  |  | 81 Name   | Ronald Becker   |             |    |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) | 4911 Donovan St |             |    |
|   |  |  |  | 83  |                 |             |    |
|   |  |  |  | 84 City   | OTL             | 85 Zip Code | FL |

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]* DATE: 4/8/95

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | D                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BECKER, ELEIZABETH E | 1.2 NAME  |   |
| STREET ADDRESS             | 4911 DONOVAN ST      | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | ORLANDO FL           | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 2.2 NAME  |   |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 3.2 NAME  |   |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME  |   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME  |   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 NAME  |   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or 13, if changed, or on an attachment with an address.

SIGNATURE: Elizabeth E Becker 4-8-95 407-297-7347  
President