


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # S17182
 1. Entity Name
 1959, INC.



Principal Place of Business: 1959 SE 25 AVE, FT LAUDERDALE FL 33316
 Mailing Address: 1959 SE 25 AVE, FT LAUDERDALE FL 33316

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt #, etc.

City & State: Zip Country

6. Name and Address of Current Registered Agent
 BEINKE, EDWARD A.
 1959 SE 25 AVE
 FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS
 TITLE: PSD
 NAME: BEINKE, EDWARD A.
 STREET ADDRESS: 1959 SE 25 AVE
 CITY-ST-ZIP: FT LAUDERDALE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 U00000019424
 01/29/04-80024-017 150.00

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward A. Beinke PRES. EDWARD A. BEINKE 1-26-04 954-772-7151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



MOORE CR2E034 (11/03)

4. FEI Number: 65-0233873 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees