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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000067860

1. Corporation Name

BE ACQUISITION CORP.

Principal Plac	ce of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3650 NW 157H ST LAUDERHILL FL 33311		3650 NW 15TH ST LAUDERHILL FL 33311					
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		_
					08/04/1998		
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Nu nber	App	ied For
	lace of Dusiliess	26			74-2902639		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Ac	_*
22	. <del>",</del>	27			5. Certifcate of Status Desired	Fee Req	
City & S at	te	City & State			6. Election Campaign Financing	\$5.00 N	lav Be
23		28			Trust Fund Contribution	Added to	•
Zip	Country	Zip	Cot	intry	8. This corporation owes the current year	ır Intangible	
24	25	29	30	-	Personal Property Tax.		JNo
	9. Name and Address of Curre		1001	<u> </u>	10. Name and Address of New Registe	re 1 Agent	
	o. Hallo and rida doo or our			81 Name			
СТ	CORPORATION SYSTEM			E.L	-1 BARTOV		
	O SOUTH PINE ISLAND ROAD				ess (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324			30	50 NW 15 ST		
FLAI	NIATION PL 33324			83	UDERHILL	39	311
				84 City		OF Zin Co	
				'		<b>FL</b>	
11. Pursuant	to the provisions of Sections 607.05/	02 and 607.1508, Florida Stat	u es, the a	bove-named corpo	pration submits this statement for the purpos	e of changing its r	egistered
office or r	registered agent, or both, in the State am familiar with and accept the obliga	eor Florida. Such change was	: authorized	o by the corporatio	n's board of cirectors. I hereby accept the a	pp antment as regi	stered
agent. i a	am samiliar with rand accept the obliga	Alions of, Section 907.0000, P	(Tida Otal	uico.	4	39 - F C	
SIGNATURE	Signature, typed or printed narive of registered age	ent and title if applicable (NC	TI · Registered	Agent signature required	when reinstating) DAT	<u> </u>	
12.		NE DIRECTORS	13.		ADDITIC NS/CHANGES TO OFFICER	S / ND DIRECTOR	S IN 12
TITLE	T STREET	☐ DELETE	1.1 Ti	TLE \$25	CESIDENT	☐ Change	Addition
NAME	}		1.2 N		-I BARTOV		
STREET ADDRESS					200 PAILK DR		
	:				XOPER WITH FL 3302	le.	
CITY-ST-ZIP		□ DELETE	2,1 Ti		ecretiany	☐ Change	Addition
TITLE			2.2 N		·	_ ,	_
NAME				WIE STORY	yry Capian 93 nic 60 lane		
STREET ADDRESS				TREET ADDRESS 115	43 NW: 60 LINE HKKLAKID, FL 33067		
CITY-ST-ZIP			2.40	ITY-ST-ZIP	HER CHAIN VI SSSIA		
TITLE	1	(	■·	I	0=050 0=0		Addition
NAME		DELETE	3 1 TI		REASURER	☐ Change	Addition
		☐ DELETE	3.2 N	AME IR	REASURER LWIN TAUBLIB	] Change	Addition
STREET ADDRESS		☐ DELETE	3.2 N	AME TREET ADDRESS IN CO	REASURER LWIN TAUBUB 150 NU 18 ST	_ ,	Addition
CITY-ST-ZIP			3.2 N 3.3 S 3.4. C	TREET ADDRESS 11 CO	REASURER LWIN TAUBLIB	1,	
		☐ DELETE	3.2 N	TREET ADDRESS 11 CO	REASURER LWIN TAUBUB 150 NU 18 ST	_ ,	Addition  Addition
CITY-ST-ZIP			3.2 N 3.3 S 3.4. C	TREET ADDRESS IN COUNTY-ST-ZIP	REASURER LWIN TAUBUB 150 NU 18 ST	1,	
CITY-ST-ZIP TITLE	,		3.2 N 3.3 S 3.4, C 4.1 Ti 4.2 N	TREET ADDRESS IN COUNTY-ST-ZIP	REASURER LWIN TAUBUB 150 NU 18 ST	1,	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	,		3.2 N 3.3 S 3.4. C 4.1 Tl 4.2 N 4.3 S	TREET ADDRESS NO CITY-ST-ZIP TILE	REASURER LWIN TAUBUB 150 NU 18 ST	1,	
CITY-ST-ZIP TITLE NAME	,		3.2 N 3.3 S 3.4. C 4.1 Tl 4.2 N 4.3 S	AME INCOMESS	REASURER LWIN TAUBUB 150 NU 18 ST	1,	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	,	☐ DELETE	3.2 N. 3.3 S 3.4. C 4.1 Ti 4.2 N 4.3 S	AME INCOMESS	REASURER LWIN TAUBUB 150 NU 18 ST	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ DELETE	3.2 N. 3.3 S 3.4.0 4.1 TI 4. 2 N 4.3 S 4.4 C 5.1 TI 5.2 N	AME INCOMESS	REASURER LWIN TAUBUB 150 NU 18 ST	Change	Addition

14. I hereb / certify that the information supplied with this filling 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 of the receiver or trustee amprovered to corporate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or one any adachment with an address, with a lother like empowered.

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR FRINTED NAME OF SIGNING OFFICES OR DIRECTOR

4 23/99

954-583-7755

Change

Addition

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90195 015 \*\*\*150.00