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

DOCUMENT # 613053

BEYER DYNAMIC, INC.

Principal Place of Business

Mailing Address

May 07, 1999 8:00 am Secretary of State

05-07-1999 90113 005 ***158.75



C/O C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		C/O C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/15/1979	
<u> </u>	1	2- Mailing Address			4. FEI Number Applied For	
Principal Place of Business 2a. Mailing Address					11-2488413 Not Applicable	
21 Suite Ant	# ata	Suite, Apt. #, etc.			¢0.75 A Jakin I	
Suite, Apt.	#, etc.	27			5. Certificate of Status Desired X Fee Required	
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country 25	Zip 30	Country	,	8. This corporation owes the current year Intangible Personal Property Tax. ☐ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
*			81	Name		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	Street Address (P.O. Box Number is Not Acceptable)		
PLAI	NTATION FL 33324		83			
			84	City	FI 85 Zip Code	
44 5	- 4 Parker - 007 057	22 and CO7 1500 Elorida Statuton th	o abov	e named (corporation submits this statement for the ournose of changing its registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was author	ized bv	the corpo	ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Regis	tered Ager	nt signature re	quired when reinstating) DATE	
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE 1	1.1 TrTLE		☐ Change ☐ Addition	
NAME	BEYER, FRED	1	.2 NAME			
STREET ADDRESS	STAHLBUHL 34	1	.3 STREE	T ADDRESS		
CITY-ST-ZIP	HEILBRONN, W. GERMANY	1	.4 CITY-S	IT-ZIP		
TITLE	D	☐ DELETE 2	2.1 TITLE		☐ Change ☐ Addition	
NAME	WULLE, CHRISTA	2	.2 NAME			
STREET ADDRESS	43 SAN CARLO	2	.3 STREE	TADDRESS		
CITY-ST-ZIP	SAUSALITO CA		. 4 CITY-S	ST-ZIP		
TITLE	D	DELETE 3	3.1 TITLE		☐ Change ☐ Addition	
NAME	BIKEL, DIANE	3	.2 NAME	ļ		
STREET ADDRESS	KARL WULLE STRA. 6	3	.3 STREE	TADDRESS		
CITY-ST-ZIP	HEILBRONN, W. GERMANY		.4. CITY-5	ST-ZIP		
TITLE	S	☐ DELETÉ	,1 TITLE		Change Addition	
NAME	BEYER, SHIRLEY		. 2 NAME			
STREET ADDRESS	300 EAST 62ND STREET	4	.3 STREE	TADDRESS		
CITY-ST-ZIP	NEW YORK NY		4 CITY-S	T-ZIP		
TITLE			.1 TITLE		☐ Change ☐ Addition	
NAME	*		.2 NAME		•	
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			.4 CITY-S			
TITLE NAME		□ DELETE ···· €	1.TITLE 1.2 NAME	18 g g g g , 18 ,	Change Addition	
ı	i			TADDRESS		

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.

6.4 CITY-ST-ZIP