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03-03-1999 90072 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 111794

1. Corporation Name

BECKWITT OPTICAL COMPANY

Principal Place of Business

Mailing Address

**C/O BEATRICE ENGEL
8425 SW 80 PLACE
MIAMI FL 33143**

**C/O BEATRICE ENGEL
8425 SW 80 PLACE
MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1926

4. FEI Number

59-0159430

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENGEL, BEATRICE B
8425 SW 80 PLACE
MIAMI FL FL 33143**

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 **D** ☐ DELETE

NAME **BECKWITT, JULES**
STREET ADDRESS **775 107TH ST, OCEAN**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **PTD** ☐ DELETE

NAME **ENGEL, BEATRICE B**
STREET ADDRESS **8425 SW 80 PLACE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ DELETE

NAME **ENGEL, MATT A**
STREET ADDRESS **10 VALLEY RD**
CITY-ST-ZIP **HANOVER NH 03755**

TITLE **V** ☐ DELETE

NAME **LAQUETTE, HORTENSE**
STREET ADDRESS **770 BOYLSTON ST #10A**
CITY-ST-ZIP **BOSTON MA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D MATT A. ENGEL
1181 JESSAMINE LAKE CT
ORLANDO, FL 32839
V HORTENSE B. LAQUETTE
250 HAMMOND POND PARKWAY #204 N.
NEWTON, MA 02467

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:

Beatrice B. Engel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 25, 1999 *305-279-9957*
Date Daytime Phone #

CR2E034 (11/98)