

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # 111794

1. Entity Name
BECKWITT OPTICAL COMPANY



Principal Place of Business

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

Mailing Address

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



01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0159430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BECKWITT, JULES
STREET ADDRESS	775 107TH ST, OCEAN
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	PTD
NAME	ENGEL, BEATRICE B
STREET ADDRESS	8425 SW 80 PLACE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	ENGEL, MATT A
STREET ADDRESS	1181 JESSAMINE LAKE CT
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	V
NAME	LAGUETTE, HORTENSE
STREET ADDRESS	250 HAMMOND POND PKWY #401 SOUTH
CITY-ST-ZIP	CHESTNUT HILL, MA 02467
TITLE	D
NAME	FLETCHER, KAREN E
STREET ADDRESS	7631 EAST CYPRESS HEAD DR
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80085-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

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

1-18-05 305-279-9952
Date Daytime Phone #