

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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90024 004 \*\*\*900.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 301561**

1. Corporation Name  
**BECKER INDIAN RIVER PROPERTIES, INC.**



Principal Place of Business  
 2627 S JENKINS RD  
 FT. PIERCE FL 34981  
 US

Mailing Address  
 2627 SOUTH JENKINS ROAD  
 FORT PIERCE FL 34981  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc. SUITE 201  
 22 660 BEACHLAND BOULEVARD  
 City & State  
 23 VERO BEACH, FLORIDA  
 Zip Country  
 24 32963 25

2a. Mailing Address  
 26 Suite, Apt. #, etc. SUITE 201  
 27 660 BEACHLAND BOULEVARD  
 City & State  
 28 VERO BEACH, FLORIDA  
 Zip Country  
 29 32963 30

3. Date Incorporated or Qualified  
**02/03/1966**

4. FEI Number  
**59-1104450**

5. Certificate of Status Desired  Applied For  
 Not Applicable  
**\$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

9. Name and Address of Current Registered Agent  
**DEMPSEY, DANIEL E**  
**2627 S JENKINS ROAD**  
**FT PIERCE FL 34981**

10. Name and Address of New Registered Agent  
 81 Name **DANIEL E. DEMPSEY**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**660 BEACHLAND BLVD, SUITE 201**  
 83  
 84 City **VERO BEACH** FL 85 Zip Code **32963**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, RICHARD E	1.2 NAME	THOMAS HURLEY
STREET ADDRESS	130 S SHORE CIR	1.3 STREET ADDRESS	660 BEACHLAND BLVD. STE 201
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMPSEY, DANIEL E.	2.2 NAME	R. SCOTT HURLEY
STREET ADDRESS	6910 33RD STREET	2.3 STREET ADDRESS	660 BEACHLAND BLVD. STE 201
CITY-ST-ZIP	VERO BCH. FL	2.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	RICHARD E. HURLEY
STREET ADDRESS		3.3 STREET ADDRESS	660 BEACHLAND BLVD. STE 201
CITY-ST-ZIP		3.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BARBARA HURLEY
STREET ADDRESS		4.3 STREET ADDRESS	381 INDIAN HARBOR RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JOANN M. BECKER
STREET ADDRESS		5.3 STREET ADDRESS	155 SAGO PALM RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Daniel E Dempsey 3/31/99 (561) 234-5234  
 DANIEL E. DEMPSEY Date Daytime Phone #

CR2E034 (1/198)