

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COMPANIES  
ANNUAL REPORT  
1995



SECRETARY OF STATE  
Jeffrey M. Munn  
Secretary of State  
1000 STATE CORPORATE CTR

DOCUMENT # 476646 (5)

1. Corporation Name  
**RICHARD BEITER, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**747 BARNETT DRIVE LAKE WORTH FL 33461**

3. Date Incorporated or Qualified **05/23/1975** 3a. Date of Last Report **03/01/1994**  
4. FEI Number **59-1593778** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Subd. Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 29 Country 30 Zip Country

9. Name and Address of Current Registered Agent  
**BEITER, RICHARD  
747 BARNETT DR.  
LAKE WORTH FL 33461**

10. Name and Address of New Registered Agent  
81 Name **JEFFREY BEITER**  
82 Street Address (P.O. Box Number is Not Acceptable) **747 BARNETT DRIVE**  
83  
84 City **LAKE WORTH** FL 85 Zip Code **33461**

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 **JEFFREY BEITER, PTD** DATE **2/22/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>
NAME	<b>BEITER, RICHARD</b>
STREET ADDRESS	<b>747 BARNETT DR.</b>
CITY, ST, ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>VSD</b>
NAME	<b>BEITER, JEFFREY</b>
STREET ADDRESS	<b>747 BARNETT DR.</b>
CITY, ST, ZIP	<b>LAKE WORTH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>BEITER, JEFFREY</b>	
13 STREET ADDRESS	<b>747 BARNETT DR</b>	
14 CITY - ST - ZIP	<b>LAKE WORTH, FLORIDA 33461</b>	
21 TITLE	<b>VSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>BEITER, VICKI L.</b>	
23 STREET ADDRESS	<b>747 BARNETT DRIVE</b>	
24 CITY - ST - ZIP	<b>LAKE WORTH, FLORIDA 33461</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I declare by certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(B), Florida Statutes. I further certify that the information included 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. 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 the F-17 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: **JEFFREY BEITER, PTD** DATE **2/22/95** **407-588-6007**