

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 AUG 10 AM 8:41

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # 495120 (8)

1. Corporation Name

BESMAN, INC.

Principal Place of Business

Mailing Address

P.O. Box 558446  
MIAMI, FLA. 33255

P.O. Box 558446  
MIAMI, FL. 33255

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMON, GARY P  
9100 S. DADELAND BLVD.  
SUITE 504  
MIAMI, FLA. 33154

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT  
NAME BEATRICE SHERMAN  
STREET ADDRESS 5108 S.W. 72ND AVE.  
CITY-ST-ZIP MIAMI, FL. 33155

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

700002614327-4  
-08/12/98--01081--002  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE VICE PRES  
NAME ERNEST SHERMAN  
STREET ADDRESS 5108 S.W. 72ND AVE.  
CITY-ST-ZIP MIAMI, FL. 33155

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SECY-TREAS  
NAME ROBERT HOWARD  
STREET ADDRESS 5108 S.W. 72ND AVE.  
CITY-ST-ZIP MIAMI, FL. 33155

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

CR2E034 (10/97)

# Besman, Inc.

P.O. Box 538446  
MIAMI, FLA. 33255

~~Miracle Plaza~~  
~~2500 S.W. 10th Street Suite 410~~  
~~Coral Gables, Florida 33134~~

5108 S.W. 72<sup>ND</sup> AVE.  
MIAMI, FLA. 33155

Aug 6, 1998

Florida Dept. of State  
P.O. Box 6327  
Tallahassee, Fla. 32314 RE: DOCUMENT  
495120(8)

Dear Mr. Logan:

This letter is a follow up to my explanation of not having received the original notice that was left by a U.S. mail carrier in another office when we were moving. Your office returned it to the old address when I clearly stated the above address in my cover letter. I have not received it including the original check for \$150.00 I am writing a new check.

My husband is legally blind, had open heart surgery, cannot walk, but he wants to keep this corporation alive. I appreciate all you can do to help us. If the old check is ever returned I will notify you.

Thank you again for your kindness.  
Sincerely yours.

R. P. Besman