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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

I. Corporatio	MENT # 501462 BECKER MANAGEMENT (` '				
Principal Plac	e of Business	Mailing Address			HOI OIBHA OIDAN 781914 OIBH OIDH CHOIL IOD	
1500 SW 4TH		1500 SW 4TH STREET				
PO BOX 646 PO BOX 646						
FORT LAUDERDALE FL 33302 FORT LAUDERDALE FL			33302	3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE	
				04/19/1976		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-1653388	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional	
27				6. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country		Country	Trust Fund Contribution	Added to Fees	
24	25	29	30	 This corporation owes or has p Personal Property Tax due June 	· ·	
24	9. Name and Address of Currer		[30]	10. Name and Address of New R		
BE	CKER, JOANNE T		81 Name		 	
1500 SW 4TH STREET/PO BOX 646 FORT LAUDERDALE FL 33302			62 Street A	ddress (P.O. Box Number is Not Accepta	blo)	
			OZ Sireet A	ductess (F.O. Box Number is Not Accepta	bie)	
			83			
			84 City	·	■■ 85 Zip Code	
					FL T T	
office or ragent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statu o of Florida. Such change was ations of, Section 607.0505, F	ites, the above-named of authorized by the corporation of the corpora	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered agent and liftle if applicable (NOT OFFICERS AND DIRECTORS		TE: Registered Agent signature r		DATE	
TITLE	PD OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition	
NAME	BECKER, FRANK E.		1.2 NAME			
STREET ADDRESS	1500 S.W. 4TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition	
NAME	BECKER, JOANNE T.		2.2 NAME			
STREET ADDRESS	1500 S.W. 4TH STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME .	BECKER, SHARI K		3.2 NAME			
STREET ADDRESS	1741 SW 4TH STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL	☐ DELETE	3.4. CITY-ST-ZIP		Channa Addisin	
TITLE		☐ nerei‡	4.1 TITLE		☐ Change ☐ Addition	
NAME OTDEET ADDRESS			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY- ST- ZIP 5.1 TITLE		Change Addition	
NAME			5.2 NAME		، د د د د د د د د د د د د د د د د د د د	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	-	☐ DELETE	6.1 TITLE	•	☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			64 City-St-7IP			

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 receivor 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

FILED

Mar 04 1998 8:00am

Secretary of State