


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

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| DOCUMENT # 501462 1. Entity Name FRANK BECKER MANAGEMENT CORPORATION, INC. |  |
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| Principal Place of Business 1500 SW 4TH STREET PO BOX 646 FORT LAUDERDALE, FL 33302 | Mailing Address 1500 SW 4TH STREET PO BOX 646 FORT LAUDERDALE, FL 33302 |
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02092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-1653388 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BECKER, JOANNE T 1500 SW 4TH STREET/PO BOX 646 FORT LAUDERDALE, FL 33302 |
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7. 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 restate/filing.) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO BECKER, FRANK E. 1500 S.W. 4TH STREET FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BECKER, JOANNE T. 1500 S.W. 4TH STREET FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BECKER, SHARI K. 1741 SW 4TH STREET FT LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>U000000161294 05/24/04-80002-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 fee empowered.

SIGNATURE:  **5-19-04 (254) 467-8343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #