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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 602118

Corporation Name

MAGNACCA-BECK, P.A.

Principa	al Pla	ace o	f Busin	1655

Mailing Address

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90179 037 ***150.00



700 N.E. 14TH ST CAUSEWAY OMPANO BEACH FL 33062		- **	2700 N.E. 14TH ST CAUSEWAY POMPANO BEACH FL 33062		DO NOT WRITE IN THIS SPACE				
						 Date Incorporated or Qualifed 05/26/1970 			
2. Principal Place	2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For	
1 ·		26				59-1293328		Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #	ŧ, etc.			5. Certifcate of Status Desired		. 75 Additional ee Required	
City & State			City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	30	intry		This corporation owes the current year Personal Property Tax.	ntangible Ye		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				81	Name				
Magnacca, John R. 2700 Northeast 14th Street Pompano Beach Fl 33062			82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			83						
				84	City		L 85	Zip Code	
11. Pursuant to t	he provisions of Sections 607, stered agent, or both, in the Si	.0502 and 607.1508, Flor tate of Florida. Such chai	rida Statutes, the a	bove by	named corpo the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changi ointment	ng its registered as registered	

agent. I am familiar with, and accept the obligations of, Section 607.0505, Flonda Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature requ	uired when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTOR			
TITLE	PD	DELETE	1.1 TITLE			☐ Change	☐ Addition		
NAME	MAGNACCA, JOHN		1.2 NAME						
STREET ADDRESS	2700 NE 14TH ST CAUSEWAY		1.3 STREET ADDRESS				ļ		
CITY-ST-ZIP	POMPANO BCH. FL		1.4 CITY-ST-ZIP						
TITLE	SD	DELETE	2.1 TITLE			Change	☐ Addition		
NAME	BECK, CHARLES A. JR.		2.2 NAME	•			Ì		
STREET ADDRESS	2700 NE 14TH ST CAUSEWAY		2.3 STREET ADDRESS	_		_	ì		
CITY-ST-ZIP	POMPANO BCH. FL		2.4 CITY-ST-ZIP		-	<u> </u>	-		
TITLE		DELETE	3.1 TITLE			Change	Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS				,		
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		DELETÉ	4.1 TITLE			Change	☐ Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE		ı	☐ Change	Addition		
NAME.			5.2 NAME						
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	·		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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR