FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:00

DOCUMENT # **F08904** **(7)**

1. Corporation Name
E.N. BECHAMPS AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DR #150 MIAMI FL 33126-9022	5200 BLUE LAGOON DR #150 MIAMI FL 33126-9022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/04/1980**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2053315** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LIVINGSTONE, DON R
7711 SW 62ND AVENUE
SOUTH MIAMI FL

10. Name and Address of New Registered Agent

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 offi 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 necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐
NAME	BECHAMPS, EUGENE N	1.2 NAME	
STREET ADDRESS	5200 BLUE LAGOON DR 150	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	1.4 CITY ST ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐
NAME	BECHAMPS, BEVERLY	2.2 NAME	
STREET ADDRESS	5200 BLUE LAGOON DR 150	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	2.4 CITY ST ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐
NAME	SEELEY, THERESA	3.2 NAME	
STREET ADDRESS	5200 BLUE LAGOON DR 150	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐
NAME	BECHAMPS JR., EUGENE N.	4.2 NAME	
STREET ADDRESS	5200 BLUE LAGOON DR. #140	4.3 STREET ADDRESS	#150
CITY ST ZIP	MIAMI FL	4.4 CITY ST ZIP	
TITLE	VD	5.1 TITLE	☐ Change
NAME	SEELEY, KENNETH J.	5.2 NAME	
STREET ADDRESS	5200 BLUE LAGOON DR	5.3 STREET ADDRESS	#150
CITY ST ZIP	MIAMI FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 I appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beverly Bechamps *Beverly Bechamps* 2/20/95 305/266-706?
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #

012304