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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400005696 (9)

BEYDA AND ASSOCIATES, INC.

FILED Jan 23 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address				4 IDEADO SUB HOM OFFI BENE BONA EDIN DON DON TUNA DUMENON TON			
6943 VALJEAN AVE. VAN NUYS CA 91406		6943 VALJEAN AVE. VAN NUYS CA 91406-4716							
						3. Date Incorporated or Qualified 11/02/1994	3a. Date o		eport
2. Principal Pl	ace of Business	2a. Mailing Addre	ss		***************************************	4. FEI Number			plied For
21		26							t Applicable
Suite, Apt	# etc.	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional
22		27				S. Continuate of States Begins		Fee Re	equired
City & State	9	City & State	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution			to Fees	
Zip	Country	} Z _i p	·	ountry	•	8. This corporation has liability for i			. 199.032,
24	25 9. Name and Address of Currer	29	30			Florida Statutes 10. Name and Address of New Reg	Yes h		
145.00		ir Vediareien Warir		81	Name	IV. Hallio and Address of Hen he	Material URe	111	
	UTER, WILLIAM E ESQ.				740				
800 N. MAGNOLIA AVE., STE. 1625 Orlando Fl 32803				82	Street Ad	ss (P.O. Box Number is Not Acceptable)			
OND				83					
				84	City		FL ⁸	5 Zip	Code
office or re		of Florida, Such chan-	be was authoriz	ed by	the corpor	orporation submits this statement for the pation's board of directors. I hereby accept	urpose of ch		
SIGNATURE	Signature, typed or printed name of registered age	and and fire dispersionals	(NOTE: Pogete	red And	ont cinnature rec	guired when reinslating)	DATE		
12.		D DIRECTORS	13		on algundary rec	ADDITIONS/CHANGES TO OFFIC		RECTOR	IS IN 12
TILE	C	☐ DE		TITLE				Change	Addition
NAME	BEYDA, MORRIS		1.2	NAME					j
STREET ADDRESS	6943 VALJEAN AVE.		1.3	STREET	ADDRESS				
CITY-ST-ZIP	VAN NUYS CA 91406		1.4	CITY-S	ST-ZIP				
TITLE	DP DEL			2.1 TITLE				Change	Addition
NAME	BEYDA, JAY		2.2	NAME					
STREET ADDRESS	6943 VALJEAN AVEL		2.3	STREET	ADDRESS				
C:TY - ST - ZIP	VAN NUYS CA 91406			CITY-	ì				Ì
TITLE	DV	☐ DE		TITLE			L.	Change	Addition
NAME	BEYDA, ALLAN		32	NAME					Ì
STREET ADDRESS	6943 VALJEAN AVEL		33	STREET	ADDRESS				
CITY - ST - ZIF	VAN NUYS CA 91406			CITY-					
TITLE	DST	☐ DE		TITLE				Change	Addition
NAMÉ	BEYDA, RUTH		4.2	NAME					
	MANUEL AVEL		4.3	STREET	ADDRESS				
CITY - S1 - 7IP	VAN NUYS CA 91406		4.4	CITY-S	ST-ZIP				
TITLE		☐ D£	DELETE 51TI					Change	Addition
NAME			5.2	NAME					
STREET ADDRESS					ADDRESS				Ì
CITY-ST-ZIP				CITY-S					
TITLE		DE		TITLE				Change	Addition
NAME		_		NAME	}			_	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				DITY-S	1				
U117-31-21F			54	יווע (at CEIT				

14. I do 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.

SIGNATURE:

AND COURSE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR