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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90202 041 \*\*\*150.00

•	1999 DIVISION OF CORPORATIONS			03-10-1999 90202 041 ***150.00	
DOCU	MENT # G58502	2			
1. Corporation Name BEHAVIORAL ENGINEERING TECHNOLOGY, INC.					
DETATION AS ENGINEERING SECTION OF THE SECTION OF T					
Principal Place of Business Mailing Address					
206 ELM AVENUE MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951					
MELDOGINE DI	ENOTITE GEODI	MELOGOTHE PLANT TO SES			DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualifed 09/08/1983
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21	26				59-2355169   Not Applicable   \$8.75 Additional
<b>—</b>	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
City & State	22				6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip Coun		ry	8. This corporation owes the current year Intangible Personal Property Tax  KYes  No
24 25 29 30  9. Name and Address of Current Registered Agent			<u> </u>		Personal Property Tax. Yes LINo  10. Name and Address of New Registered Agent
	9. Name and Address of Curre	it Registered Agent	8	1 Name	To, Halic and Address of North Hagistonean Types
VAN HEMERT, M.H. PAUL			8	2 Ctreat Ad	dress (P.O. Box Number is Not Acceptable)
5900 SW 73RD ST.			•	Z Street Ad	diess (F.O. Box Nulliber is Not Acceptable)
MIAMI FL 33143				3	
			8	4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abo	ve-named co	
l office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was autt	norizea D	v tne corbora	attion's board of directors. I hereby accept the appointment as registered
SIGNATURE		•	•		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require				iried when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		ND DIRECTORS	13.	: 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	PDT CONNOR, CHARLES W.		1.2 NAME		
STREET ADDRESS	206 ELM AVENUE			ET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY	l l	
TITLE	S	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CONNOR, RETHA E.		2.2 NAME	<u> </u>	
STREET ADDRESS	206 ELM AVENUE		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	☐ DELETE	2. 4 CITY		Change Addition
TITLE	<u>-</u>	- Dereie	3.1 TITLE		Canada Diagnati
NAME			3.2 NAME	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			3.4. CITY		
TITLE		☐ DELETE	4.1 TITLE	-	☐ Change ☐ Addition
NAME			4.2 NAM	E	
STREET ADDRESS			4 3 STRE	ET ADDRESS	
CITY-ST-ZIP	**		4.4 CITY		
TITLE		☐ DELETE	5.1 TITLE	I .	☐ Change ☐ Addition
NAME			5.2 NAME	ET ADDRESS	
STREET ADDRESS			5.4 CITY	- 1	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
l IIILE		<b>_</b>	CONMA	.	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

407-952-0339