## 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

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90048 032 \*\*\*150.00

1. Corporation	MENT # <b>H61280</b> BECKER AND CO.				
Principal Place of Business Mailing Address					
13451 SW 99 TERRACE 13451 SW 99 TERRACE					
MIAMI FL 33186	6	MIAMI FL 33186			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					06/11/1985
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			59-2572578
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip			Count	У	8. This corporation owes the current year Intengible
24	25	29 3	0		Personal Property Tax. Yes No
	9. Name and Address of Currer	nt Registered Agent	-	4 Name	10. Name and Address of New Registered Agent
DEC	VED IEEEDEV D		8	1 Name	
BECKER, JEFFREY B 25 STILLWRIGHT WAY			8	2 Street A	ddress (P.O. Box Number is Not Acceptable)
	LARGO FL 33037		ļ.,		
NET	LARGO FL 3303/		8	3	
			8	4 City	85 Zip Code
					orporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was autitions of, Section 607.0505, Florid	norized b la Statute	y the corpor s.	ation's board of directors. I hereby accept the appointment as registered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	BECKER, JEFFREY B		1.2 NAMI	<u>.</u>	
STREET ADDRESS	25 STILLWRIGHT WAY		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CITY	ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAM	<b>.</b>	1
STREET ADDRESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2.4 CITY		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAMI		,
			1	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY		
TITLE		☐ DELETE	4.1 TITLE	$\overline{}$	Change Addition
NAME			4. 2 NAM	E	
STREET ADDRESS				ET ADDRESS	•
CITY-ST-ZIP			4.4 CITY		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAM		
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY	ST-ZIP	
TITLE	, -	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		<b></b>	6.2 NAM	.	<b>-</b>
				ET ADDRESS	
STREET ADDRESS		ı	6.4 CITY		
CITY-ST-ZIP	1		3.7 3171		

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:**