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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

H92801

(0)

BECK GRAPHICS, INC.

## FILED Apr 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2140 RANGE RD.,UNIT C 2140 RANGE RD..UNIT C CLEARWATER FL 34625 CLEARWATER FL 34625 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1985 2s. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2625237 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaion Financino 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BECK, JOHN D. 2140 RANGE RD., UNIT C 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34625** 8: 84 City 85 Zip Code FL 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 office 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 reinstating) OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition BECK, JOHN D. CR2E034 NAME 1.2 NAME 2140 RANGE RD., UNIT C 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL.** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BECK, PAUL D. NAME 22 NAME 64 SKYLINE DRIVE STREET ADDRESS 2.3 STREET ADDRESS UPPER SADDLE RIVER, N. 2 4 CITY-ST-ZIP City-St-ZiP ☐ DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 fursive empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, of on an attachment with an address.

CICNIATURE.

JOHN D. BBCK RESIDENT 3/3/198