

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K53086
1. Corporation Name
Behr Machinery & Engineering Corp

Principal Place of Business
*5736 S BAYBERRY LN
TAM FL 33319*

2. Principal Place of Business
21 *5736 S BAYBERRY LN*
Suite, Apt. #, etc.
22
City & State
23 *TAM*
Zip
24 *33319*
Country
25 *FL*
2a. Mailing Address
26 *SAME*
Suite, Apt. #, etc.
27
City & State
28 *SAME*
Zip
29 *SAME*
Country
30

3. Date incorporated or qualified *9/8/91* 3a. Date of last report *1995*
4. File Number *CS-016396* 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
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 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 _____ DATE _____
Signature typed or printed name of registered agent and filed corporation (if both registered agent and corporation sign, signature required when not stated)

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
1. *Mr. LOUIS BOYAR*
5736 S BAYBERRY LN
TAM FL 33319
2. *See SCOTT BOYAR*
5736 S BAYBERRY
TAM FL 33319
3. *Mr. Ken BOYAR*
5736 S BAYBERRY LN
TAM FL 33319
4. *Mr. Alex NI BOYAR*
(DASON)
5736 S BAYBERRY LN
TAM FL 33319
5. ☐ DELETE
6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition
1. 1. TITLE
1. 2. NAME
1. 3. STREET ADDRESS
1. 4. CITY, ST, ZIP
2. 1. TITLE
2. 2. NAME
2. 3. STREET ADDRESS
2. 4. CITY, ST, ZIP
3. 1. TITLE
3. 2. NAME
3. 3. STREET ADDRESS
3. 4. CITY, ST, ZIP
4. 1. TITLE
4. 2. NAME
4. 3. STREET ADDRESS
4. 4. CITY, ST, ZIP
5. 1. TITLE
5. 2. NAME
5. 3. STREET ADDRESS
5. 4. CITY, ST, ZIP
6. 1. TITLE
6. 2. NAME
6. 3. STREET ADDRESS
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)(k), 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 in an attachment with an address.

SIGNATURE: *Louis Boyar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOUIS BOYAR
4/10/96 305-485-7413

CR2E034 (12/95)