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

NAME

STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information supplied indicated on this annual report or suppliement officer or director of the convention of the rec Block 12 or Block 13 if changed, over an att

CITY-ST-2IP

FILED May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # L20591 (8)K-BECK CORPORATION Principal Place of Business Mailing Address 18491 SOUTH DIXIE HIGHWAY 18491 SOUTH DIXIE HIGHWAY MIAMI FL 33157-6815 MIAMI FL 33157-6815 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/05/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0164424 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zw Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BECHTOLD, LINDA A 18491 SOUTH DIXIE HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33157-6815 83 84 City **B**5 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, typed or printed name of registered agent and title if applicable INCITE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE BECHTOLD, LINDA A NAME 1.2 NAME CRZE034 13315 S.W. 108TH COURT STREET ADDRESS 1.3 STREET ADORESS MIAMI FL 33176-6005 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME BECHTOLD, HOWARD J III 2.2 NAME STREET ADDRESS 13315 S.W. 108TH COURT 2.3 STREET ADDRESS MIAMI FL 33176-6005 CITY - ST - 7IP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS City - St - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

62 NAME

address

63 STREET ADDRESS

oblied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information flumental 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 the receiver or trustres empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in