

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

96 SEP -4 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



300001946673  
-09/13/96--01019--008

3. Date Incorporated or ~~\*\*\*375.00~~ Date ~~\*\*\*375.00~~  
01/22/1988 06/22/1995

4. FEI Number 59-2873469 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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M65560 (8)

1. Corporation Name  
BEC TECHNOLOGIES, INCORPORATED

Principal Place of Business Mailing Address  
9480 DELEGATES DRIVE SUITE #108  
ORLANDO FL 32837 US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

PROCTOR, BOB  
5330 BAMBOO CT.  
ORLANDO FL 32811

10. Name and Address of New 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME PROCTOR, ROBERT G.  
STREET ADDRESS 1727 ORLANDO CENTRAL PKW  
CITY-ST-ZIP ORLANDO FL

TITLE D  
NAME KALLAS, GERALD  
STREET ADDRESS 18240 TARRYTOWN ROAD  
CITY-ST-ZIP BROOKFIELD WI

TITLE SD  
NAME PROCTOR, WENDY LEE  
STREET ADDRESS 1727 ORLANDO CENTRAL PKW  
CITY-ST-ZIP ORLANDO FL

TITLE D  
NAME MOKOFSKE, THOMAS  
STREET ADDRESS 737 POWDER HORN ROW  
CITY-ST-ZIP LAKELAND FL

TITLE D  
NAME ANDERSON, ALLAN  
STREET ADDRESS 18820 TARRYTOWN ROAD  
CITY-ST-ZIP BROOKFIELD WI

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

MAKOFKSKE, THOMAS

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Thomas F. Makofske

THOMAS F. MAKOFKSKE

8/30/96

407-855-8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR