

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90013 005 \*\*\*150.00

DOCUMENT # **M68413** ✓  
I. Corporation Name

**TED BEHRMAN, INCORPORATED**



Principal Place of Business

**2308 INDUSTRIAL WAY  
RIVIERA BEACH FL 33404  
JS**

Mailing Address

**3608 INDUSTRIAL WAY  
RIVIERA BEACH FL 33404  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/08/1988**

4. FEI Number

**65-0025585**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

Principal Place of Business

**3608 Industrial Way**

Suite, Apt. #, etc.

2a. Mailing Address

**26 P.O. Box 11601**

Suite, Apt. #, etc.

City & State

**Riviera Beach, FL**

Zip **33404**

Country

**25**

City & State

**28 Riviera Beach, FL**

Zip **33419**

Country

**30**

9. Name and Address of Current Registered Agent

**BEHRMAN, TED**

**~~3608 INDUSTRIAL WAY~~ P.O. Box 11601  
RIVIERA BEACH FL 33404 33419**

10. Name and Address of New Registered Agent

81 Name

**Behrman, Ted**

82 Street Address (P.O. Box Number is Not Acceptable)

**3608 Industrial Way**

84 City

**Riviera Beach**

FL

85 Zip Code

**33404**

I. 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.

GNATURE

**Ted Behrman**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-2-99**

OFFICERS AND DIRECTORS

E	DP	<input type="checkbox"/> DELETE
AE	BEHRMAN, TED	
EET ADDRESS	<b>3608 INDUSTRIAL WAY</b>	
ST-ZIP	<b>33404</b>	
E		<input type="checkbox"/> DELETE
IE		
EET ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
IE		
EET ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
IE		
EET ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
IE		
EET ADDRESS		
ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Behrman, Ted</b>	
1.3 STREET ADDRESS	<b>3608 Industrial Way</b>	
1.4 CITY-ST-ZIP	<b>Riviera Beach, FL 33404</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

GNATURE:

**Ted Behrman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-2-99 5618440434**

CR2E034 (5/99)

0076631

585129-90013-5  
M68413



**TED BEHRMAN INC.**

P.O. BOX 11601, RIVIERA BEACH, FL. 33419

Phone 1-800-749-6927..844-0434 LOCAL ~ Fax 561-844-1239 ~ Email..SINGS76555@ADELPHIA.NET

**Dear Dept of State:**

**As advised by your representative I am writng this letter in conjunction with my payment of the annual filing fee and requesting that you waive the additional charges .**

**I have never received the first notice to file. It was only by luck that I was given this one. Both the mailing address and principal place of business are incorrect and surely resulted in my not receiving any initial mailing. I have corrected all errors on the report which will prevent any future delays.**

**Thank you very much,  
Ted Behrman , President**

*Sorry for crossing out information .  
Didn't see instructions*