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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **P27398**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90049 046 ***150.00

	BE, INC.					ļ			
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Principal Place	e of Business	Mailing Address				L MENTIERS IIM SINDS CONSESSING UNINS E	ELI DIESI DICI		1 81811 81811 1881
900 OLD COUN		900 OLD COUNTRY RD.							
GARDEN CITY NY 11530 GARDEN CITY NY 11530						DO NOT WRITE IN THIS SPACE			
							IN THIS S	PACE	
						3. Date Incorporated or Qualifed			j
		O - 14-215 Address				12/21/1989 4. FEI Number		·· · 17	Applied For
	tace of Business	2a. Mailing Address			_	11-2811733			ot Applicable
21	#	Suite, Apt. #, etc.			<u> </u>				Additional
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.				-5. Certifcate of Status Desired]	+	Required
City & Stat		City & State				6. Election Campaign Financing		\$5.0	May Be
23		28				Trust Fund Contribution	그		to Fees
<u>Zip</u>	Country	Zip	Coun	try		8. This corporation owes the current	vear Intar	naible	•
24	25	29	30	•		Personal Property Tax.		∐ Yes	MNο
241	9. Name and Address of Currer		,			10. Name and Address of New Reg	istered A	gent	
				81 Nan	ne	•			
	CORPORATION SYSTEM		- }	82 Stre	ot Addres	ss (P.O. Box Number is Not Acceptable	١,		
1200 S. PINE ISLAND ROAD			İ	5.16	et Addie.	as (1.0. Dox Humber is Not Acceptable	-,		
PLAN	NTATION FL 33324			83					
			}	04 07		_		85 Zi	Code
			,	84 City			FL	03 21	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the ab	ove-nam	ed corpo	ration submits this statement for the pu	rpose of cl	hanging i	ts registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	uthorized	by the co	orporation	's board of directors. I hereby accept the	ne appoint	ment as	registered
_	The terminal Willing and decopy and conge								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered /	gent signati	re required	when reinstating)	DATE		
12.	OFFICERS AN								
TITLE	T -	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
THE	D	ND DIRECTORS	13.	E	\overline{T}	ADDITIONS/CHANGES TO OFFIC		☐ Chang	
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14. I hereby certify that the information supplied with this filing does not quality 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, with all other like empowered.

_SIGNATURE: >

YPED OF SMITTED NAME OF SIGNING OFFICER OR DIRECTOR