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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35862 (2)

1. Corporation Name
BECK GROUP MANAGEMENT CORP.



Principal Place of Business 8534 EAST KEMPER RD. CINCINNATI OH 45249	Mailing Address 8534 EAST KEMPER RD. CINCINNATI OH 45249-3701
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3. Date Incorporated or Qualified 10/09/1991	3a. Date of Last Report 06/18/1996
4. FEI Number 65-0253385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2b. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BECK, LOUIS S.
 EXECUTIVE COURT II, SUITE 232
 2300 CORPORATE BLVD., NW
 BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BECK, LOUIS S.	
STREET ADDRESS	2300 CORPORATE BLVD., NW	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	YEAGGY, HARRY	
STREET ADDRESS	8534 EAST KEMPER RD.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NANOSKY, MICHAEL M.	
STREET ADDRESS	2300 CORPORATE BLVD.,NW	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	CVT	<input type="checkbox"/> DELETE
NAME	BECK, LOUIS S.	
STREET ADDRESS	2300 CORPORATE BLVD., NW	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	YEAGGY, HARRY	
STREET ADDRESS	8534 EAST KEMPER RD.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

14. I do 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 completed or on an attachment with an address

SIGNATURE: *Michael M. Nanosky* **Michael M. Nanosky** **1-17-97** **513-489-1955**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)