03-11-1999 90009 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000006859

1. Corporation Name

BUSINESS AND EDUCATIONAL COMPUTING, INC.

200.1120									
Principal Place of Business Mailing Address						1 1001100111111111111111111111111111111		***************************************	
1360 S OCEAN BLVD SUITE 2103 1360 S OCEAN BLVD SUITE POMPANO BCH. FL 33062 POMPANO BCH. FL 33062 US			2103			DO NOT WRIT	E IN THIS S	SPACE	
US		00			;	3. Date incorporated or Qualifed 11/23/1992			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ар	plied For
21 26						65-03706 <u>32</u>			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
City & State City & State			·			6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	_ Count	ry		8. This corporation owes the curre			
24	25	29 3	0			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent		41 6		10. Name and Address of New Ro	egisterea A	gent	
0114	ET ODA DALII A		l	11 N	ame			΄,	
CHALET,CPA, PAUL J 2400 W. CYPRESS CREEK RD				32 S	treet Addres	ss (P.O. Box Number is Not Acceptal	ble)		
#100 -*				33 -	7380	NW 36 5tm			
—FI.L	AUDERDALE FL 33309		8	34 C	1380	1100 30 391	رور FL	85 Zip (Code 4
11. Pursuant i office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes Florida. Sych change was aut ons of, Section 607.0505, Florid	, the abo horized b la Statute	ove-na by the es.	med corpor corporation			hanging its tment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered A	gent sign	nature required v	when reinstating)	DATE		——
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1,1 TITL8	E				Change	☐ Addition
NAME	BUCKALTER, GERALD A		1.2 NAM	E.					ļ
STREET ADDRESS	1360 S. OCEAN BLVD, #2103		1.3 STRE	EET ADD	RESS				
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE	E				Change	Addition
NAME			2.2 NAM	E					
STREET ADDRESS			2.3 STRE	EET ADO	DRESS				
CITY-ST-ZIP			2.4 CITY	Y-ST-ZII	P				
TITLE		☐ DELETE	3.1 TITLE	E				☐ Change	☐ Addition
NAME			3.2 NAM	Ε					
STREET ADDRESS			33 STRI	EET ADD	DRESS				
CITY-ST-ZIP			3.4. C(T)	Y-ST-ZI	Р				
TITLE		☐ DELETE	4.1 TITLI	E				Change	☐ Addition
NAME			4. 2 NAM	Æ					
STREET ADDRESS			4 3 STRE	EET ADD	DRESS			•	
CITY-ST-ZIP			4.4 CITY	-ST-ZIF	·				
TITLE		☐ DELETE	5.1 TITL		Ì			☐ Change	Addition
NAME			5.2 NAM						
STREET ADDRESS			5.3 STRI	EET ADI	ORESS				
CITY-ST-ZIP			5.4 CITY		<u> </u>				
TMLE		☐ DELETE	6.1 TITL					Change	Addition
NAME			6.2 NAM						ĺ
070077 4000000			6.3 STR	EET AD(ORESS \				,

14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP