

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P-9400007465L

1. Corporation Name
BECKMAN/CLEUENGER INC
22 Dragon Wood Cir
Crawfordville FL 32327

Principal Place of Business Mailing Address
22 Dragon Wood Cir
Crawfordville FL Same

2. Principal Place of Business 2a. Mailing Address
21 22 Dragon Wood Cir 26 Same
22 Suite, Apt # etc Suite, Apt # etc
23 City & State 27 City & State
24 32327 25 WAKULLA 29 32327 30 Country

3. Date Incorporated or Qualified 11-94 3a. Date of Last Report 95
4. FEI Number 59-3276-469 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [] No

9. Name and Address of Current Registered Agent
Morton Beckman
22 Dragon Wood Cir
C'ville Fl. 32327

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 Morton J. Beck 2-27-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRES	RICK CLEUENGER [] DELETE	1. TITLE	[] Change [] Addition
NAME	(36 HICKORY WOOD DR.	12. NAME	
STREET ADDRESS	C'VILLE FL	13. STREET ADDRESS	
CITY, ST, ZIP		14. CITY, ST, ZIP	
TITLE: VICE PRES	MORTON BECKMAN [] DELETE	2. TITLE	[] Change [] Addition
NAME	22 DRAGON WOOD CIR	22. NAME	
STREET ADDRESS	C'VILLE FL 32327	23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE	[] DELETE	3. TITLE	[] Change [] Addition
NAME	(32. NAME	
STREET ADDRESS	(33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE	[] DELETE	4. TITLE	[] Change [] Addition
NAME	(42. NAME	
STREET ADDRESS	(43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE	[] DELETE	5. TITLE	[] Change [] Addition
NAME	(52. NAME	
STREET ADDRESS	(53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE	[] DELETE	6. TITLE	[] Change [] Addition
NAME	(62. NAME	
STREET ADDRESS	(63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

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***200.00

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 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.
SIGNATURE: Morton J. Beck MORTON BECKMAN 2-27-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
904-962-4434

CR2E034 (12/95)