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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000010880 (9)

1. Corporation Name
BEKKA CORPORATION



Principal Place of Business
5215 HIGHWAY AVENUE
JACKSONVILLE FL 32254

Mailing Address
5215 HIGHWAY AVENUE
JACKSONVILLE FL 32254-9632

3. Date Incorporated or Qualified: 02/06/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 59-3308934
Applied For: Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. Zip

28. Zip

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. Country

29. Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
FUSSELL, RONALD W
5215 HIGHWAY AVENUE
JACKSONVILLE FL 32254

81. Name: RONALD D. Williams

82. Street Address (P.O. Box Number is Not Acceptable): 5215 Highway Av

83. City: Jacksonville FL 85. Zip Code: 32254

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: Ronald D. Williams (Signature) RONALD D. Williams (Typed Name) 4-25-97 (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: FUSSELL, RONALD W
STREET ADDRESS: 5215 HIGHWAY AVENUE
CITY-ST-ZIP: JACKSONVILLE FL 32254
 DELETE

1.1 TITLE: John Robert Williams Jr
1.2 NAME: John Robert Williams Jr
1.3 STREET ADDRESS: 5215 Highway Av.
1.4 CITY-ST-ZIP: Jacksonville, FL
 Change Addition

TITLE: VSTD
NAME: WILLIAMS, RONALD D
STREET ADDRESS: 5215 HIGHWAY AVENUE
CITY-ST-ZIP: JACKSONVILLE FL 32254
 DELETE

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

TITLE: President
NAME: RONALD D. Williams
STREET ADDRESS:
CITY-ST-ZIP:
 DELETE

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE: VSTD
NAME: John Robert Williams Jr.
STREET ADDRESS:
CITY-ST-ZIP:
 DELETE

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: Change 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 changed, or on an attachment with an address.

SIGNATURE: Ronald D. Williams (Signature) 4-25-97 (Date) 904 387 2333 (Daytime Phone)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0039653

CR2E034 (9/96)