PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600002797

1. Corporation Name

FRED BECK REALTY INC.

Principal Flace of Business	Mailing Address
10 COMET COURT	10 COMET COURT
PALM COAST FL 32317	PALM COAST FL 32317

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90292 039 ***150.00

Principal Flace	e of Business	Mailing Address			() DECLASE () B (B () B () B A () C () B ()	## ##
10 COMET COURT PALM COAST FL 32317		10 COMET COURT PALM COAST FL 32317			DO NOT WRITE	E IN THIS SPACE
					3. Date incorporated or Qualifed	
					01/05/1996	
2. Princip al P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3:338447	Nct Applicable
Suite, /vpt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27		 		Fee Required
City & ⊖tat	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the currer	nt year Intangible ☐ Yes ☐ No
24	25		30		Personal Property Tax. 10. Name and Address of New Re	
	9. Name and Address of Curre	er t Registered Agent	8	1 Name	10. Natik: and Address of New Ne	gistered Agent
BECI	K;::FRED					
	COMET COURT		8	2 Street Add	dress (P.O. Bcx Number is Not Acceptab	le)
	M COAST FL 32317		8			
FALI	W COAST 1 L 32317		ľ	3		
			8	4 City		85 Zip Code
office or r agent I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was at	uthorized b	y the corpora	rporation submits this statement for the p tion's board of directors. I hereby accept	urposi: of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed r ame of registered ag	ge it and title if applicable (NC TE:	Registered Ag	ent signature re jui	ired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	BECK, FRED		1.2 NAM	•		
STREET ADDI ESS	10 COMET COURT		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		1.4 CITY	ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	BECK, SHIRLEY		22 NAM	E		
STREET ADDF ESS	10 COMET COURT		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		2. 4 CITY	-ST-ZIP		
TITLE	VPD	☐ DELETÉ	3.1 TITLE			☐ Change ☐ Addition
NAME	FINGERHUT, MICHAEL		3 2 NAMI			•
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PALM_COAST FL.		3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4,1 TITLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			43 STRE	ET ADDRESS		
CITY-ST-ZIP	1		4 4 CITY	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME	· · · · · ·		5 2 NAMI	.		
STREET ADDIRESS			5.3 STR	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			62 NAM	E		
STREET ADD RESS		•	63 STR	ET ADDRESS		

14. 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 corpo ation or the receiver of trustee appowered to execute this report as required by Charter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with an other rice empowered.

64 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Daytime Phone #