FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000010176 (1) DOCUMENT

Country

J.H. BECKER MARKETING, INC.

Principal Place of Business Mailing Address 1115A SOUTHAMPTON DRIVE 1115A SOUTHAMPTON DRIVE PORT ORANGE FL 32119 PORT ORANGE FL 32119 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3369638 26 Suite, Apt. #, etc. Suite. Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing

25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BECKER, JAMES H 1115A SOUTHAMPTON DRIVE 62 Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE FL 32119

83

Country

Trust Fund Contribution

B. This corporation owes or has paid the current year Intangible

City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida Statutes, the above-named cornoration submits this statement for the purpose of changing its registered

office or re agent. Lar	ug <mark>ister</mark> ed agent, or both, in the State of Florida. Such char in fam iliar with, and accept the obligations of, Section <mark>607</mark>	nge was auti 1.0505, Floric	horized by the corp la Statules.	poration's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE	garage of the control of the contr		- 	·		
12.	Stynature, typed or ported name of repetered agent and title if apole and OFFICERS AND DIRECTORS	(NOTE: H	13.	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	S IN 12
TITLE		ELFTE	1.1 TITLE	ADDITIONO CHANGES TO CATE	JENS AND DIRECTOR	13 IN 12
NAME	BECKER, JAN M		1.2 NAME		2	·
STREET ADDRESS	1115 A SOUTHAMPTON DRIVE		1.3 STREET ADDRESS	1000 1000 1000 1000	写)	
CITY-ST-ZIP	PORT ORANGE FL		1.4 City-St-ZiP			
TITLE		ELETE	21 TITLE	20	Change	X Addition
NAME	BECKER, AARON J		2.2 NAME	BEAUER TAMES H.		•
STREET ADDRESS	6219 POPLAR GROVE DRIVE		2.3 STREET ADDRESS	BECLER, JAMES H.	\mathcal{L}_{i}	
CITY-ST-ZIP	PORT ORANGE FL		2. 4 CITY-ST-ZIP	PORT ORANGO, FL, 321	19	
THLE	D	ELETE	3.1 TITLE	702,000	Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE	<u> </u>	ELFTE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME		•	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		ELE TE	5.1 HILE		Change	Addition
NAME	_		5.2 NAME			_
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		ļ	5.4 CHTY-ST-ZIP			
TITLE	DI	ELETE	61 THLE		☐ Change	Addition
NAME	_		62 NAME		. •	
STREET ADDRESS		•	6.3 STREET AODRESS			
CITY-ST-7IP			64 CITY-ST-7IP			

14. Thereby 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 each; 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.

FILED

May 27 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable