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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000030745**1. Corporation Name

BECKA INC.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90112 036 ***150.00



l		*****					71: #188: A11: 1281	
Principal Place	e of Business	Mailing Address	٧ ٠٠٠					
11331 S. DIXIE		1 1331 C. DIKIE HIGHWAY	٠,٠					
SIRI W. HAllandule BCL. BNd. MANIEL 23156 SIRI W. HAllandule BCL. BNd. SAME				}	DO NOT WRITE IN THIS SPACE			
SIRI W. HAHANGUL DC. BNE. SAME					3. Date Incorporated or Qualified			
Pamba	KE PARK, 71.3300	9			04/02/1996			
2. Principal P	lace of Business	2a. Mailing Address		T	4. FEI Number		Applied For	
21 31 21 W. HA MANGUL JEERCH Plud.					65-0756332 Not Applica		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State City & State City & State City & State 28 City & State					-6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees	
Zip	Country		Country		8. This corporation owes the current year Ir	ntangible]	
Z4 33	009 [25]	29 30			Personal Property Tax.	∐Yes	□No	
24 00	9. Name and Address of Current I				10. Name and Address of New Registered	Agent		
<u> </u>		<u> </u>	′ 81 N	Name				
DVOOR, DARREN D				82 Street Address (P.O. Box Number is Not Acceptable)				
COF	PAL GABLES FL 33130 HA Ilyw	ord, \$1. 33020	83					
	•							
			84 (City	Fi	85 Zi	p Code	
44 0	to the previous of Continue 607 0502	and 607 1508 Florida Statutes th	o shove-n	arried comora	tion cubmits this statement for the nurnose of	of changing	its registered	
office or r	registered agent, or both, in the State of	Florida. Such change was author	ized by the	e corporation's	s board of directors, I hereby accept the app	ointment as	registered	
agent. I a	ım familiar with, and accept the obligatio	ns of, Section 607.0505, Florida 5	Statutes.				i	
SIGNATURE					DATE			
	Signature, typed or printed name of registered agent a		tered Agent sig 13.	gnature required wh	en reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12	
12.	OFFICERS AND		1.1 TITLE	1	ADDITIONS CHANGES TO OTT TOERO	Change		
TITLE	l'							
NAME	DVOOR, DARREN 3/2/ W. #	the Suble HO	1.2 NAME					
STREET ADDRESS	11021 S. UIAL HICHWAY	- 0.1 7/ 274-0	1.3 STREET ADDRESS				Į	
CITY-ST-ZIP	MIAMI-FE-99156 FEMDER		1.4 CITY-ST-ZIP					
TITLE		☐ DELETE 2	2,1 TITLE			☐ Chang	e 🔲 Addition	
NAME		2	2.2 NAME				i	
STREET ADDRESS)	` 12	2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE 3	3.1 TITLE			☐ Chang	e Addition	
NAME		- 3	3.2 NAME				- [
STREET ADDRESS			3.3 STREET ADDRESS					
۱'			3.4, CITY-ST-ZIP				ļ	
TITLE			4.1 TITLE			☐ Chang	e Addition	
			4. 2 NAME			_ •		
NAME		1	4.3 STREET ADDRESS					
STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP			Chang	e Addition	
TITLE		_	5.1 TITLE 5.2 NAME			snang		
NAME		i i		מסכניני				
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZI	JP				
ΠΠLE			6.4 TITLE			Chang	ge	
NAME	1	.	6.2 NAME	1				

CITY-ST-ZIP 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 colored 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 an anatych period it an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS