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 # P9600030971

1. Corporation Name

BECKFORD/DRUMMOND, INC.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90178 047 ***150.00



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Principal Place of Business	Mailing Address		E INCHIDAN HA CALIN AINT CALL ABUT ABUT ABUT ABUT ABUT ABUT ABUT ABUT	IND COLF BUILD FULLS	1008: 1401 201
879 WINDERMERE WAY PALM BEACH GARDENS FL 33418 879 WINDERMERE WAY PALM BEACH GARDENS FL 33418		EL 33418	DO NOT WRITE IN TH	IIS SPACE	
			3. Date Incorporated or Qualifed	O OI NOL	
			04/03/1996		
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Ap	plied For
21	26		65-0689162	No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
22	27		5. Certificate of Status Desired	Fee Re	quired
Ony & Outloan	City & State	-	6. Election Campaign Financing	\$5.00	- 1
23	28		Trust Fund Contribution	Added t	o Fees
Zip Country	Zip	Country	8. This corporation owes the current year		□No
24 25	29 4 Facility and 4 Facility	30	Personal Property Tax. 10. Name and Address of New Registere		
9. Name and Address of Curren	t Registered Agent	81 Name	TU. Harrie and Address of New Negistere	a Agent	
JAMES, KEITH A					
1655 PALM BEACH LAKES BLVD.		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
SUITE 810 - TOWER C		83	25 Corporate Way		_
WEST PALM BEACH FL 33401		\Box	ite 106		
		84 City	ant-Dalon Branch F	85 Zip C	+07-
11. Pursuant to the provisions of Sections 607.050	2 and 607,1508, Florida Statut	tes, the above-named co	rporation submits this statement for the purpose	of changing its	registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation	of Florida. Such change was a	authorized by the corpora	tion's board of directors. I hereby accept the app	pointment as re	gistered
	lions of, Section Gov. 5500, Fic	inda Glatates.			
SIGNATURE Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	E: Registered Agent signature regu	pired when reinstating) DATE		
	it and and it approaches (110.0	_, registered rigerit signature requ	ired when reinstating) DATE		
12. OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE D	t and and a appropriate			AND DIRECTO	ORS IN 12
TITLE D NAME DRUMMOND, CARILYNN	ID DIRECTORS	13. 1.1 T/TLE 1.2 NAME			
TITLE D NAME DRUMMOND, CARILYNN STREET ADDRESS 879 WINDERMERE WAY	D DIRECTORS	13. 1.1 T/TLE			
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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 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, with all other like empowered.

SIGNATURE: