PROFIT CORPORATION ANNUAL REPORT 1999

BEC COPYCOM, INC.

1. Corporation Name



DOCUMENT # P96000051040

Secretary of State

FILED Apr 22, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris 04-22-1999 90183 030 ***150.00 DIVISION OF CORPORATIONS



						_				
Principal Place of Business Mailing Address) 	81181 11811 ABEI	1 81811 8811 1881
3340 GRIFFIN ROAD 5340 GRIFFIN ROAD FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312			340 GRIFFIN ROAD ORT LAUDERDALE FL 33312	12			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							06/13/1996			ţ
2. Principal Pl	ace of Business	2a	Za. Mailing Address				4. FEI Number Applied For			pplied For
21			26				65-0677829	Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75	Additional
			27				5. Certifcate of Status Desired		Fee R	equired
City & State			City & State				- 6: Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution Added to Fees			
Zip	Country	\top	Zip	Countr	у		8. This corporation owes the curr	ent year int	angible	
24	25			30			Personal Property Tax.			
	9. Name and Address of Current	Regi	stered Agent		_		10. Name and Address of New F	Registered	Agent	
				8	1	Name				Í
TRAGER, S. GEORGE P.A.						Street Addre	Address (P.O. Box Number is Not Acceptable)			
333-41 STREET			,							
MIAN	AI BEACH FL 33140			8:	3					-
				8	4	City			85 Zip	Code
			1	"	7	City		FL	. 55 54	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	f Flori	ida. Such change was a⊔th	iorized b	y t	the corporation	ration submits this statement for the 's board of directors. I hereby acces	purpose of t the appoi	changing its	s registered egistered
SIGNATURE								DATE		\
	Signature, typed or printed name of registered agent			egistered Ag	ent	t signature required	ADDITIONS/CHANGES TO OF		ID DIRECTI	ORS IN 12
12.	OFFICERS ANI	ואוט כ	DELETE	1.1 TITLE	_		ADDITIONS/CHANGES TO OF	FIOLING AIN	Change	☐ Addition
TITLE	D .		- SELETE	1.2 NAME						
NAME	FRIEDMAN, SHEPHERD					1000000				
STREET ADDRESS	3340 GRIFFIN ROAD					ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		C DELETE	1.4 CITY- 2.1 TITLE		- ZIP	 		Change	Addition !
TITLE	D									
NAME	DURSO, FRANK			2.2 NAME						ł
STREET ADDRESS	3340 GRIFFIN ROAD					ADDRESS				- 1
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		☐ DELETE	2.4 CITY		T-ZIP		-	Change	Addition
TITLE			□ nere₁e	3.1 TITLE						
NAME	 	•	•	3.2 NAME			•	•••		
STREET ADDRESS						ADDRESS				-
CITY-ST-ZIP	·		DELETE	3.4. CITY		1-ZIP	-	_	Change	Addition
TITLE			□ DECETE	4.1 TITLE						
NAME				4.2 NAM		4000000				}
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	<u> </u>		DELETE	4.4 CITY-		r-ZIP			☐ Change	Addition
TITLE	•			5.1 TITLE 5.2 NAME						
NAME						ADDRESS				1
STREET ADDRESS				1		ì				
CITY-ST-ZIP	·		[7] DELETE	5.4 CITY- 6.1 TITLE		1+ZIP			☐ Change	☐ Addition
TITLE			DELETE	1						
NAME				6.2 NAME		ADODECE				
STREET ADDRESS				6.3 STRE		ADDRESS				{
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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 organ attachmen with an address, with all other like empowered.

SIGNATURE: