## 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 # P96000083133

1. Corporation Name

STREET ADDRESS

**BECHTOLD CORPORATION** 

## **FILED** May 03, 1999 8:00 am Secretary of State

05-03-1999 90076 018 \*\*\*150.00



Principal Place of Business Mailing Address									II 90117 40181 1	#10# (((#) F	1088 11100	
8133 REGENTS UNIVERSITY PA	8133 REGENTS COURT UNIVERSITY PARK FL 34201											
							DO NOT WRITE IN THIS SPA					
							ocorporated or • 9/1996	Qualifed				
2. Principal Place of Business 2a. Mailing Address						4. FEI Nu	ımber				Applied	For
7420 M	layfair Court	7420 Mayfair Court				65-07	7 <u>016</u> 03				Not App	olicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional							
22		27									Require	
City & Stat		City & State University Park FL					6. Election Campaign Financing \$5.00 May Be					
	sity Park FL	Zip Country				Trust Fund Contribution Added to Fees						
Zip 24 34201				SA		8. This corporation owes the current year Intangible Personal Property Tax.					□N	lo .
24 34201		<u> </u>	<u>'' '</u>	<u>SH</u>			and Address		egistered A			
9. Name and Address of Current Registered Agent										. •		
SKIPPER, J. RONALD												
1515 RINGLING BLVD.				82	Street A	ddress (P.O. Box	ess (P.O. Box Number is Not Acceptable)					
SUITE 1000				83			<del></del>					
SARASOTA FL 34236					City				FL	85 Z	ip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the al					inamed c	omoration submi	ts this statemer	nt for the	nurpose of o	<u>l l</u>	its regis	stered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth	orized	bv t	the comor	ration's board of	directors. I here	by accep	t the appoin	itment as	registe	red
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	cistered .	Agent	t signature red	quired when reinstating)			DATE			_ 1
12.	OFFICERS AND		13.				ONS/CHANGE	S TO OF	ICERS AN	D DIREC	TORS	N 12
TITLE	D DELETE 1.1 TI			LE		0 1 1 7 1	0:	, 1. A		Chang	ge 🗆	Addition
NAME	BECHTOLD, RICHARD A		1.2 NAME			Recutoia	Bechtold, Richamd <sup>:</sup> A.					
STREET ADDRESS	8133 REGENTS COURT					7420 May	7420 Mayfair Court					1
CITY-ST-ZIP	UNIVERSITY PARK FL 34201				-ZIP	Universi	ty Park.	FL 3	34201	Х		
TITLE	D	XX DELETE	2.1 TITLE			D 5 + - 1 - 1	M = .= = .=	^		Chang	ge [	Addition
NAME	BECHTOLD, MARGARET A 22%			ME			, Margaret A.					. }
STREET ADDRESS	8133 REGENTS COURT			REET	ADDRESS		7420 Mayfair Court					
CITY-ST-ZIP	UNIVERSITY PARK FL 34201			TY-ST	T- ZIP	Universi	<u>ty Park</u>	FL	<u> 34201</u>			1 4 2 4 4 2
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STREET ADDRESS					ADDRESS				,			
CITY-ST-ZIP	-		3.4. CF		T-ZIP					Chang	<u>- ا</u>	] Addition
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STREET ADDRESS					ADDRESS			•				}
CITY-ST-ZIP TITLE	,	□ DELETE	4.4 CIT 5.1 TIT		-2117					Chan	ge T	) Addition
NAME	,		5.2 NA								_	-
STREET ADDRESS			l.		ADDRESS	•,						-
CITY-ST-ZIP			5.4 CIT									ĺ
TITLE	, , , , , , , , , , , , , , , , , , ,	☐ DELETE	6.1 TIT				<del></del>			☐ Chang	ge 🗆	Addition
	•		62 NA	MF							_	

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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: A