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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087697 (4)

1. Corporation Name
ALLEN E. BECK, INC.



Principal Place of Business
608 SW BAYSHORE BLVD.
PORT ST. LUCIE FL 34983

Mailing Address
608 SW BAYSHORE BLVD.
PORT ST. LUCIE FL 34983-1864

3. Date Incorporated or Qualified 10/22/1996	3a. Date of Last Report
FEI Number 65-0708816	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

SOLOMON, LYNN D
145 NW CENTRAL PARK PLAZA, STE. 200
PORT ST. LUCIE FL 34986

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. BECK, ALLEN E ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	2. ☐ DELETE	1.2 NAME	
STREET ADDRESS	3. ☐ DELETE	1.3 STREET ADDRESS	
CITY-ST-ZIP	4. ☐ DELETE	1.4 CITY-ST-ZIP	
TITLE	5. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	6. ☐ DELETE	2.2 NAME	
STREET ADDRESS	7. ☐ DELETE	2.3 STREET ADDRESS	
CITY-ST-ZIP	8. ☐ DELETE	2.4 CITY-ST-ZIP	
TITLE	9. ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	10. ☐ DELETE	3.2 NAME	
STREET ADDRESS	11. ☐ DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP	12. ☐ DELETE	3.4 CITY-ST-ZIP	
TITLE	13. ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	14. ☐ DELETE	4.2 NAME	
STREET ADDRESS	15. ☐ DELETE	4.3 STREET ADDRESS	
CITY-ST-ZIP	16. ☐ DELETE	4.4 CITY-ST-ZIP	
TITLE	17. ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	18. ☐ DELETE	5.2 NAME	
STREET ADDRESS	19. ☐ DELETE	5.3 STREET ADDRESS	
CITY-ST-ZIP	20. ☐ DELETE	5.4 CITY-ST-ZIP	
TITLE	21. ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	22. ☐ DELETE	6.2 NAME	
STREET ADDRESS	23. ☐ DELETE	6.3 STREET ADDRESS	
CITY-ST-ZIP	24. ☐ DELETE	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Allen E. Beck ALLEN E. BECK 2-25-97 561-340-1432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)