02111999-90031-047-\$150.00-\$150.00

SIGNATURE: _

MONATURE AND TYPED ON PRUITED HAME OF MONING OFFICER OR CIRECTOR

PROFIT

FILE NOW: FILING FEE AFTER MAY 1ST JS-\$550,00

FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 901:17 12 61: 1: 10 DOCUMENT # P98000002585 BECA MEDICAL SUPPLIES, INC. Principal Place of Business Mailing Address 351 SOUTH CYPRESS BOAD 351 SOUTH CYPRESS ROAD SLATTE 300 SHITE 300 POMPANO BEACH FL 33062 POMPANO BEACH FL 33082 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/09/1998 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Compaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Intangible 25 30 24 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SENFT, SCOTT J 82 Street Address (P.O. Box Number is Not Acceptable) 126 SOUTH FEDERAL HWY SUITE 208 **DANIA FL 33004** ы 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 chan 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 appointme agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when revisioning CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DIRECTOR DELETE TITLE 1.1 TITLE Change Add to BRENT I FARDETTE, SK. 351 5 CYPUIN RA # 300 POMPANS PI STORE 12 NAME NUE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZP 1.4 CffY-ST-20P DELETE Chance Addition TITLE 21 TITLE 22 NAME STREET ADDRESS 23 STREET ADDRESS 2.4 CITY-ST-ZP CITY-ST-ZP DELETE Change ☐ Addition 31 TITLE NAME 32 NAME STREET ADDRESS 13 STREET ADDRESS 空间 法工程 實際 CITY-ST-ZP 34. CITY-ST-ZP DELETE Change ' Addition TITLE 41TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZE 44 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition 5 2 NAME NAME \$ 3 STREET ADDRESS STREET ADORESS \$ 4 CITY-ST-ZIP Q174-\$1-29° ... DELETE \$ I TITLE Change Add-tion TITLE 6 2 NAME NAME 63 STREET ADDRES STREET ADDRESS 64 CITY-ST-ZIP 14. I hereby carify that the information supplied with this fitting does not qualify for the exemption stated in Section indicated on this annual report or supplemental annual report is true and accurate and that my signature shall if officer or director of the corporation or the reviewer or informed to execute this report as required by Block 12 or Block 13 if changed, or op an effectivent with an addresse, with all other like empowered.