


171999-90073-014-\$150.00-\$150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90073 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000006848</u> 1. Corporation Name <u>Beth Bawraeh Enterprises Inc.</u>			
Principal Place of Business <u>Ft. Lauderdale, FL</u>		Mailing Address <u>3341 NW 47th Terrace</u> <u>Building 1 Apartment</u> <u>1306, Ft. Laud., FL 33319</u>	
2. Principal Place of Business 21 <u>Ft. Lauderdale</u> Suite, Apt. #, etc. <u>34</u> 22 <u>3341 NW 47th Terrace</u> City & State 23 <u>Ft. Lauderdale, FL</u> Zip 24 <u>33319</u> Country 25 <u>U.S.A.</u>		2a. Mailing Address 26 <u>3341 NW 47th Terrace</u> Suite, Apt. #, etc. 27 <u>Building 1 Apartment</u> City & State 28 <u>Ft. Lauderdale, FL</u> Zip 29 <u>33319</u> Country 30 <u>U.S.A.</u>	
3. Date Incorporated or Qualified <u>January 1, 1998</u>		4. FEI Number <u>65-0807712</u>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <u>Sharon Grant Pencil</u> <u>3341 NW 47th Terrace Apt 1306, Bldg 1</u> <u>Ft. Lauderdale Lakes FL 33319</u>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 <u>Sharon Grant Pencil</u> <u>04/30</u> <u>04/30/99</u> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <u>Vice Director</u> <input type="checkbox"/> DELETE NAME <u>Steven Pencil</u> STREET ADDRESS <u>3341 NW 47th Terr, Suite 306</u> CITY-ST-ZIP <u>Ft. Lauderdale, FL 33319</u> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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. SIGNATURE: <u>Steven Pencil</u> <u>6/27/1999</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <u>954-731-8954</u>			

CR2E034 (10/97)