## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

CITY-ST-ZIP

**FILED PROFIT** Jun 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 S07561 DOCUMENT # (1)R. L. BECKER SALES ASSOCIATES, INC. Principal Place of Business Mailing Address 7848 NW 7 COURT 7848 NW 7 COURT PLANTATION FL 33324 PLANTATION FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/24/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0233177 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BECKER, RANDY 7848 NW 7TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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) Stynature: Type flor pontrol name of region rost agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELFTE Change Addition TITLE 11 THE BECKER, RANDY NAME 1.2 NAME 7848 NW 7TH COURT STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-2(P DELFTE Change Addition TITLE 3.1 TATLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TOLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREE1 ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETÉ Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-\$T-ZIP DELETE Change Addition 6.1 DIDE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 C(1Y - S1 - ZIP

14. Thereby 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 attachine with an address.