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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNL	ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS			Secretary of State						
1. Corporatio	MENT In Name BECK, INC	# V03196		(5)	****			4 18 B J B B J B J B J B J B J B J B J B J	15 A BANA B 111 BL NA NA B ANTON B111 A	DIOM OHOU DE	(8)) BIBIL DIDI) 1) 189 1 189 1	
Principal Place 1515 E FLETCH SUITE B TAMPA FL 3361 US	er ave		Mailing Address 1515 E FLETCHER AVE SUITE B TAMPA FL 33612-3786 US				3. Date Incorporated or Qualified 3a, Date of Last Report						
A Drivelegal D	None of Division		I On Mallino	Address				01/01/19 4. FEI Numb		02/2	22/1996	No. of Fig.	
2. Principal P	race or Busini	ES5	2a. Mailing 26	Address				59-309				plied For at Applicable	
Suite, Apt	#, etc.			pt #, etc.					e of Status Desired	П	\$8.75 A	Additional	
City & State			27 City & S	State							Fee Re	··	
23	.c		28	nate				i i	Campaign Financing de Contribution		\$5.00 Added to		
Zip 24	25 29 30										X Yes No		
		and Address of Currer	nt Registered Ag	jent		ii	Name	10. Name an	d Address of New Re	gistered /	Agent		
	SONBECK, (12 MORRIS 1					1				1.5			
10102 MORRIS BRIDGE RD TAMPA FL 33637						2	Street Add	ress (P.O. Box N	umber is Not Acceptab				
					Ē	13							
					e	14	City			FL	85 Zip (Code	
11. Pursuant office or r agent. La	to the provision registered age am familiar wit	ons of Sections 607 050 ent, or both, in the State h, and accept the oblig	02 and 607.1508, of Florida, Such ations of, Section	Florida Statut change was 607.0505, Fl	les, the abo authorized orida Statut	by tes.	named corpora	poration submits tion's board of di	this statement for the prectors. I hereby accept		changing its ointment as	s registered registered	
SIGNATURE	*	or pointed name of regulered age		4101	U. Danislaved		dent in teach	ired when reinslating)		DATE			
12.	Sugna are tylese s	OFFICERS AN		: (1401	13.	- Year	signature recion		S/CHANGES TO OFFIC		DIRECTOR	S IN 12	
TITLE	DPS			DELETE	1.1 TITL	E					Change	Addition	
NAME		ECK, CARL J.			1.2 NAM		1						
STREET ADDRESS	TAMPA FL	rris bridge rd			ł		DORESS					ļ	
CITY-ST-7IP TITLE	IVIIILVIE			DELETE	1.4 CITY 21 TITL		ZIF		 		Change	Addition	
NAME	}				2.2 NAM		ļ		:				
STREET ADDRESS	İ				2.3 STRE	ET A	DDRESS						
CHY-S1-ZIP	ļ			- Losi ses	2.4 CIT		- ZIP		<u> </u>			1 4439	
TITLE	1			DELETE	3.1 TITLI 3.2 NAM		1		i j		Change	Addition	
NAME STREET ADDRESS					3.2 NAM 3.3 STRI		DDRESS		ï				
COTY - ST-ZIF	ł				3.4. CITY		į					}	
TITLE		The state of the s		DELETE	4.1 THL				······································		Change	Addition	
NAME					4. 2 NAN	J E	1						
STREET ADDRESS					4.3 STRE	ET A	DDRESS					ĺ	
CITY - ST - ZiP TITLE	ļ			DELETE	4.4 CITY 5.1 TITE		- ZIP			·	Change	Addition	
NAME				LJ PECCIC	5.2 NAM		1				FT D-MIRA		
STREET ADDRESS					5.3 STRI		DORESS	•				1	
City-St-ZiP					5.4 CITY		1						
TIELE				DELETE	6.1 TITL						Change	Addition	
NAME	1				6.2 NAM	1E	-					Ì	
STREET ADDRESS	1				6.3 SYR		1						
CITY-ST-76°					6.4 CITY	-ST	- ZIP						

14. It 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 of changed, promoting a vacciment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

FILED

Mar 28 1997 8:00am