

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 197226 (4)

1. Corporation Name

BCA FINANCIAL SERVICES, INC.



Principal Place of Business

5805 NW 11TH ST
MIAMI FL 33126

STE 220

Mailing Address

5805 NW 11TH ST
MIAMI FL 33126

STE 220

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/30/1956

3a. Date of Last Report

04/26/1995

4. FEI Number

59-0802163

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HEARNE JR, W H	
STREET ADDRESS	15420 SW 72 AVENUE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	KIRCHNER, PAMELA E	
STREET ADDRESS	10827 SW 90 LN	
CITY-STATE-ZIP	MIAMI FL	
TITLE	STD	☒ DELETE
NAME	HEARNE, MARGARET C	
STREET ADDRESS	15420 SW 72 AVENUE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	STD	☐ Change ☒ Addition
2. NAME	KATHLEEN H. KINGGARD	
3. STREET ADDRESS	5805 NW 11 ST, STE 220	
4. CITY-STATE-ZIP	MIAMI FL 33126	
5. TITLE	V	☐ Change ☒ Addition
6. NAME	MITCHELL MILLER	
7. STREET ADDRESS	5805 NW 11 ST, STE 220	
8. CITY-STATE-ZIP	MIAMI FL 33126	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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:

William H. Hearne Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. HEARNE JR. PRES

01/31/96

(305) 262-2110

CR2E034 (12/95)