

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000003913 (9)**

1. Corporation Name
BHG INVESTMENTS, INC.



Principal Place of Business Mailing Address
3131 E. HOLCOMBE HOUSTON TX 77021

3. Date Incorporated or Qualified **08/14/1995** 3a. Date of Last Report
4. FEI Number **APPLIED FOR 76-0477785** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **P.O. BOX 14200**
22 City & State 27 **HOUSTON, TEXAS**
23 Zip 28 **77021-4200** 29 **U.S.A.**
24 Country 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if any) (Letak)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIT, GERALD A	1.2 NAME	
STREET ADDRESS	3131 E. HOLCOMBE	1.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 77021	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIT, DONALD N	2.2 NAME	
STREET ADDRESS	3131 E. HOLCOMBE	2.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 77021	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOETZ, LYNN L	3.2 NAME	
STREET ADDRESS	3131 E. HOLCOMBE	3.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 77021	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, LYNN L	4.2 NAME	
STREET ADDRESS	3131 E. HOLCOMBE	4.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 77021	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALISMAN, JILL L	5.2 NAME	
STREET ADDRESS	3131 E. HOLCOMBE	5.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 77021	5.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIT, BENJAMIN R	6.2 NAME	
STREET ADDRESS	3131 E. HOLCOMBE	6.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 77021	6.4 CITY- ST- 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 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD A. LEVIT 1-18-96 (713) 747-5000
Date Daytime Phone #

CR2E034 (12/95)