

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

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90009 023 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000003913

1. Corporation Name
BHG INVESTMENTS, INC.



Principal Place of Business
**3131 E. HOLCOMBE
 HOUSTON TX 77021**

Mailing Address
**PO BOX 14200
 HOUSTON TX 77221-4200
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/14/1995

2. Principal Place of Business
 21 [] 2a. Mailing Address
 26 []

4. FEI Number
76-0477785

Applied For
 Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country 25 [] 29 Zip Country 30 []

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 applicable.

(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
NAME	LEVIT, GERALD A	
STREET ADDRESS	3131 E. HOLCOMBE	
CITY-ST-ZIP	HOUSTON TX 77021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVIT, DONALD N	
STREET ADDRESS	3131 E. HOLCOMBE	
CITY-ST-ZIP	HOUSTON TX 77021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOETZ, LYNN L	
STREET ADDRESS	3131 E. HOLCOMBE	
CITY-ST-ZIP	HOUSTON TX 77021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVER, JAN L	
STREET ADDRESS	3131 E. HOLCOMBE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TALISMAN, JILL L	
STREET ADDRESS	3131 E. HOLCOMBE	
CITY-ST-ZIP	HOUSTON TX 77021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVIT, BENJAMIN R	
STREET ADDRESS	3131 E. HOLCOMBE	
CITY-ST-ZIP	HOUSTON TX 77021	

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, with all other like empowered.

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

5/19/99 713/7475200
 Date Daytime Phone #

CR2E034 (1/98)