


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000003054**

1. Entity Name  
**BEF ORLANDO, INC.**



Principal Place of Business <b>100 PEABODY PL          STE 1400          MEMPHIS, TN 38103 US</b>	Mailing Address <b>100 PEABODY PL          STE 1400          MEMPHIS, TN 38103 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>62-1706593</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
 201 S. BISCAYNE BLVD.  
 1600 MIAMI CENTER  
 MIAMI, FL 33131**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELZ, JACK A 100 PEABODY PLACE #1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GROVEMAN, ANDREW J 100 PEABODY PL. #1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST WILLIAMS, JIMMIE D 100 PEABODY PL. #1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEIN, LOTHAR 5211 INTERNATIONAL DR. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/26/04-80044-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Jimmie D Williams** 1/7/04 901-761-47  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #