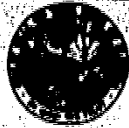


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

JAN FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:02

DOCUMENT # L52791 (5)
1. Corporation Name
B.C.C. MANAGEMENT, INC.

Principal Place of Business	Mailing Address
5151 NORTHWEST 77TH STREET SUITE 114 BOCA RATON FL 33487 US	551 NORTHWEST 77TH STREET SUITE 114 BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/22/1990	3a. Date of Last Report 07/22/1994
4. FEI Number 59-0141732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

ADLEN, STEVEN
551 NORTHWEST 77TH STREET
SUITE 114
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name ADLER, STEVEN
82 Street Address (P.O. Box Number is Not Acceptable) 551 NORTHWEST 77TH STREET
83 SUITE 114
84 City BOCA RATON FL
85 Zip Code 33487

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: St Mcl STEVEN M ADLER 2/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	NAME ADLER, M. MICHAEL
STREET ADDRESS 8181 N.W. 14TH ST	CITY - ST - ZIP MIAMI FL 33126
TITLE V	NAME KOVENS, MARC
STREET ADDRESS 1301 DADE BLVD	CITY - ST - ZIP MIAMI BEACH FL
TITLE STD	NAME LEVY, JOEL
STREET ADDRESS 8181 NW 14TH ST	CITY - ST - ZIP MIAMI FL 33126
TITLE V	NAME ADLER, M. STEVEN
STREET ADDRESS 8181 NW 14TH ST	CITY - ST - ZIP MIAMI FL
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

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 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: St Mcl 2/1/95 407-994-6507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Phone #)