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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M88658

(3)

BPF MANAGEMENT CONSULTANTS, INC.

| FILED              |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|
| Jan 16 1997 8:00am |  |  |  |  |  |  |  |  |
| Secretary of State |  |  |  |  |  |  |  |  |



| Principal Place of Business  9856C SUMMERBROOK TERRACE 6C BOYNTON BEACH FL 33437 US  2. Principal Place of Business 21 Suite, Apt. #, etc. 22 |   | Mailing Address  9856C SUMMERBROOK TERRACE 6C BOYNTON BEACH FL 33437-3834 US  2a. Mailing Address 26 Suite, Apt. #, etc. 27 |                            | 3. Date Incorporated or Qualified 07/07/1988 02/06/1996 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required |   |  |                                       |             |                |
|---|---|---|----------------------------|--|---|--|---------------------------------------|-------------|----------------|
| City & Sta  | te  | City & State  |                            |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees |  |                                       |             |                |
| Zip   | Country   | Zip Country   |                            |  |   | Trust Fund Contribution L.J. Added to Fees  8. This corporation has liability for intangible tax under s. 199.032, |                                       |             |                |
| 24  | 25 29 30  |   |                            |  | Florida Statutes Yes No   |  |                                       |             |                |
|   | <ol> <li>Name and Address of Curre</li> </ol>                                 | nt Registered Agent   |                            |  |   | 10. Name and Address of New I  | Registered                            | Agent       |                |
|   | GER, L.   |   | Į;                         | 81   | Name  |  |                                       |             | [              |
|   | 56 SUMMERBROOK TERRACE YNTON BEACH FL 33437                                   |   | 82 Street Add              |  |   | ess (P.O. Box Number is Not Accept   | able)                                 |             |                |
|   |   |   |                            | 83   |   |  |                                       |             |                |
|   |   |   | ļ                          | 84   | City  |  | FL                                    | 85 Zip      | Code           |
| 44 Dureuani   | to the provisions of Sections 607.05  | 02 and 607 1609 Florida State   | ites the ab                |  | named corp.   | aration automite this statement for the  |                                       | Lebanaina   | ite registered |
| office or<br>agent. I a<br>SIGNATURE  | registered agent, or both in the State am familiar with, and accept the oblig | e of Florida, Such change was<br>jations of, Section 607 0505, F  | authorized<br>Iorida Statu | l by tutes.  | the corporati   | on's board of directors. I hereby acc<br>ad when renstating)   | ept the app                           | cointment a | s registered   |
| 12.   |   | ID DIRECTORS  | 13.                        |  |   | ADDITIONS/CHANGES TO OFF   | ICERS AND                             |             |                |
| TITLE   | D DEAD! FOEDEDICK H   | ☐ DELETE  | 11717                      |  |   |  |                                       | Change      | Addition       |
| NAME  | PEARL, FREDERICK M.<br>454 PROSPECT AV UNIT 299                               | <b>.</b>  | 1.2 NA                     |  |   |  |                                       |             |                |
| STREET ADDRESS  | W ORANGE NJ   |   |                            |  | ADDRESS   |  |                                       |             |                |
| CITY-ST-ZiP<br>THILE  | D   | DELETE  | 1.4 CIT<br>2.1 TITI        |  | - ZIP   |  |                                       | Change      | Addition       |
| NAME  | BEATRICE, PEARL   |   | 2 2 NAI                    |  |   |  |                                       |             |                |
| STREET ADDRESS  | 454 PROSPECT AVE., #299   |   |                            |  | ADDRESS   |  |                                       |             |                |
| CITY-ST-ZIP   | W. ORANGE NJ 07052  |   | 2. 4 CI                    |  | ì   |  |                                       |             |                |
| TITLE   |   | DELETE  | 3.1 [1]                    | ~  |   |  |                                       | Change      | Addition       |
| NAME  |   |   | 3.2 NA                     | ME   |   |  |                                       |             |                |
| STREET ADDRESS  |   |   | 3.3 STF                    | REET A   | ADDRESS   |  |                                       |             |                |
| CITY-ST-ZIP   |   |   | 34. Cf                     | TY - ST  | r-ZIP   |  |                                       |             |                |
| TITLE   |   | DELETE  | 4 1 TIT                    |  |   |  |                                       | Change      | Addition       |
| NAME  |   |   | 4 2 NA                     |  | 1   |  |                                       |             |                |
| STREET ADDRESS  |   |   |                            |  | ADDRESS   |  |                                       |             |                |
| CITY-S1-ZIP   |   | DOLLTE  | 4.4 CIT                    | ~~~  | - ZIP   |  | · · · · · · · · · · · · · · · · · · · | Change      | - Addition     |
| TITLE   | \   | DELETE  | 5.1 TiTi                   |  |   |  |                                       | ☐ Change    | Addition       |
| NAME<br>OFFICE ASSOCIACE  |   |   | 5.2 NAI                    |  | ACOBERC .   |  |                                       |             |                |
| STREET ADDRESS  |   |   |                            |  | ADDRESS   |  |                                       |             |                |
| CITY-ST-ZIF<br>TITLE  |   | DELETE  | 5.4 CIT<br>6.1 TIT         |  | - 614   |  |                                       | Change      | Addition       |
| NAME  |   |   | 6.2 NAI                    |  |   |  |                                       | - Owning    | Addition       |
| STREET ADDRESS  |   |   |                            |  | ADDRESS (   |  |                                       |             |                |
| 1   | )   |   |                            |  |   |  |                                       |             |                |
| CITY-ST-7IP   | <del></del>   |   | 6 4 CIT                    | 1-51   | - 211   |  |                                       |             |                |

14. I do 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.

SIGNATURE: