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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # M88658

1. Corporation Name

BPF MANAGEMENT CONSULTANTS, INC.

FILED
Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90034 050 \*\*\*150.00

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Principal Place	of Business	Mailing Address								
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BOYNTON BEAC	H FL 33437	BOYNTON BEACH FL 33437 US				3. Date Incorporated or Qua				
US		US				07/07/1988				٠
		La Marillan Address			_	4. FEI Number		Ap	plied For	2
2. Principal Pla	ace of Business	2a, Mailing Address				65-0058414		No	t Applicable	S
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Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desir	ed 🗀	Fee Re		
22		27				6. Election Campaign Finar	cina	\$5.00	May Re	
City & State	•	City & State				Trust Fund Contribution	Ca 🗆	Added t		
23		Zip	Count	irv		8. This corporation owes th	e current vear in	tangible	-	
Zip	Country		7	,		Personal Property Tax.		Yes	□No	
24	25	20	<u> </u>			10. Name and Address of	New Registered	Agent		
	9. Name and Address of Current	Registered Agent		31 Nam	ne		<u> </u>			
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	o the provisions of Sections 607.0502 egistered agent, or both, in the State				rporati	on's board of directors. I hereby	accept the appo	intment as re	gistered	1
Sagent. Lar	egistered agent, or both, in the State to in familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statut	tes.				·		l
SIGNATURE		`. :				ed when reinstating)	DATE			<u>ش</u>
	Signature, typed or printed name of registered agen	t dija ano ii appiretti	13.	gent signati	ne require	ADDITIONS/CHANGES	O OFFICERS A	ND DIRECTO	ORS IN 12	6/
12.	<del></del>	D DIRECTORS	1,1 TITL	F		of Install		Change	☐ Addition	R2E034 (11/98)
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CITY OF 71D							-4-4- 1 4-4haz c			

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: