

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N19173

(6)

1. Corporation Name

BCCPFF HOLDING COMPANY, INC.



Principal Place of Business

1501 S. ANDREWS AVENUE
FT. LAUDERDALE FL 33316

Mailing Address

1501 S. ANDREWS AVENUE
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified

02/10/1987

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0095040

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOWNS, JACK
12040 S.W. 26TH COURT
DAVE FL 33330

10. Name and Address of New Registered Agent

81 Name

PETE PRIOR

82 Street Address (P.O. Box Number is Not Acceptable)

848 ORCHID DRIVE

83

84 City

PLANTATION

FL

85 Zip Code

33317

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

PETE PRIOR

NOTE: Registered Agent signature required when reinstating.

3/27/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	NAPOLITANO, TONY J..	
STREET ADDRESS	5443 N.W. 107TH AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	PERRI, ALEXANDER	
STREET ADDRESS	1501 S. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DOWNS, JACK	
STREET ADDRESS	1501 S. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TONY NAPOLITANO	
1.3 STREET ADDRESS	5443 NW 107 AVE	
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33076	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSE BENEVIDAS V.P.	
2.3 STREET ADDRESS	4315 HARKFIELD ST	
2.4 CITY-ST-ZIP	HOLLYWOOD FL 33021	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HOWARD NOLAND Sect.	
3.3 STREET ADDRESS	325 SE 3RD TERR.	
3.4 CITY-ST-ZIP	DEERFIELD BEACH FL. 33441	
4.1 TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PETE PRIOR	
4.3 STREET ADDRESS	848 ORCHID DR.	
4.4 CITY-ST-ZIP	PLANTATION, FL. 33317	
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PETE PRIOR

3/28/96

305-768-0230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)