

FILE NOW: FILING FEE IS \$61.25

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90143 040 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N98000004116

1. Corporation Name
BGI REGISTERED AGENTS, INC.

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| Principal Place of Business 3015 N OCEAN BLVD SUITE 121 FORT LAUDERDALE FL 33308 | Mailing Address 3015 N OCEAN BLVD SUITE 121 FORT LAUDERDALE FL 33308 |
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|---------------------------------|-------------------------|--|
| 21. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 07/16/1998 |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 4. FEI Number 65-0898073 |
| 23. City & State | 28. City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Zip | 29. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent LUBART, LEONARD GREENSPOON, MARDER, HIRSCHFELD, ET AL. 100 WEST CYPRESS CREEK ROAD SUITE 700 FORT LAUDERDALE FL 33309 | 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME FOSTER, REBECCA | | 1.2 NAME | |
| STREET ADDRESS 3015 N OCEAN BLVD SUITE 121 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP FORT LAUDERDALE FL 33308 | | 1.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LANDAU, MARC | | 2.2 NAME | |
| STREET ADDRESS 3015 N OCEAN BLVD SUITE 121 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP FORT LAUDERDALE FL 33308 | | 2.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 3.1 TITLE DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME OTTINO, J. P | | 3.2 NAME | |
| STREET ADDRESS 3015 N OCEAN BLVD SUITE 121 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP FORT LAUDERDALE FL 33308 | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 617, 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: SIGNATURE REQUIRED *Rebecca A. Foster* 2/15/99 954-563-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)