Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90077 045 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000603

i. Corporation Name				l					
B & H INVESTMENTS GROUP INC.) (10 (1881 188) 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884	3340 8640 38 40 83 4	!! ! !!! !!	 	
Principal Place of Business Mailing Address					t idatifåt tiå tärid ätte natti datti	## III ## III ## III ## II			
P.O. BOX 8611	P.O. BOX 8611								
PORT ST. LUCIE FL 34985 PORT ST. LUCIE FL 34985					DO NOT WRITE IN THIS SPACE				
				3. D:	ate Incorporated or Qualified				
					1/01/1996				
2. Principal Place of Business	2a. Mailing Address				I Number		Appl	ied For	
21	26			6	5-0623888	}	Not	Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.					58	.75 Ad	Iditional	
22	27			5. Ce	ertificate of Status Desired	□ Ψ σ	ee Rec	uired	
City & S ate	City & State			6. EI	ection Campaign Financing	\$:	5.00 N	lay Be	
23	28			Tr	ust Fund Contribution	A	dded to	Fees	
Zip Country	Zip	Cour	try	8. Tr	nis corporation owes the currer	,		_	
24 25	29	30			ersonal Property Tax.	Ye		JNo	
9. Name and Address of Current I	Registered Agent				ame and Address of New Re	gistere 1 Agent			
DECUTIVANI ADTIGUD			81 Name	•					
HECHTMAN, ARTHUR 4325 SW COUNTRY PLACE			82 Street	Ad tress (P.O	Ad Iress (P.O. Box Number is Not Acceptable)				
			_						
PALM CITY FL 34990		i	83						
		}	84 City			85	Zip Co	de	
						F °°			
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607.1508, Florida Statute Florida, Such change was au	s, the ab	ove-named by the cort	d corporation su poration's board	ubmits this statement for the pu d of directors. I hereby accept	urpose of chang the appointmen	ing its re t as regi	gistered	
agent. I am familiar with, and accept the obligation	ns of, Section 607.0505, Flori	ida Statu	tes.		· · · · · · · · · · · · · · · · · · ·	• •	Ī		
SIGNATURIE						DATE			
Signature, typed or printed nan e of registered agent r 12. ()FFICERS AND		Registered /	igent signature	requi ed when reins	DITIONS/CHANGES TO OFFI		ECTOR	5 IN 12	
	DELETE	1.1 Tm	E	T	DITIONS/OFFAITOES TO STITE		hange	Addition	
1			1.2 NAME			_	Ü		
MARK AND AND MITTOUR DI	HECHTMAN, ARTHUR		1.3 STREET ADDRESS						
DALLA OFFICEL GARGO	PALM CITY FL 34990		5						
			14 CITY-ST-ZIP 2.1 TITLE				hange	Addition	
1	_		22 NAME				·		
	LYNN-BRAGA, DIANA 1734 DUMA TERRACE		2.3 STREET ADDRESS						
		1		'					
CITY-ST-ZIP PORT ST LUCIE FL			Y-ST-ZIP	 			 hange	Addition	
TITLE		ETE 3.1 TITLI 3.2 NAM					•		
NAME		•	REET ADDRESS					ļ	
STREET ADDRES 3		1		'					
CITY-ST-ZIP TITLE	34. C		Y-ST-ZIP	 		ПС	hange	Addition	
						_	-		
NAME OTDEST ADDRESS	i		4 2 NAME 4.3 STREET ADDRESS					l	
STREET ADDRESS:		1	Y-ST-ZIP					ļ	
CITY- ST-ZIP	☐ DELETE	5.1 TM		 			hange	Addition	

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(5)(i), Florida Statutes. I further ce tify that the information indicated on this annual report or supplemental ar nual 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 toustee empowered to execute this report as required by Chapter 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges, or on an attacting put with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ARTHUL HECHTMAN SIGNATUR : AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition