

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**Jun 28 1996 8:00 am**  
 Secretary of State

**DOCUMENT # V43106 (6)**

**1. Corporation Name**  
**B.H. SERVICES LIMITED, INC.**



**Principal Place of Business**  
 1023 MANATEE AVE W  
 STE 501  
 BRADENTON FL 34206  
 US

**Mailing Address**  
 1023 MANATEE AVE W  
 SUITE 502  
 BRADENTON FL 34205  
 US

**3. Date Incorporated or Organized** 06/12/1992  
**3a. Date of Last Report** 05/01/1995  
**4. FEI Number** 65-0353817  
**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

**2. Principal Place of Business**  
**21. 520 CASCADE FALLS DR**  
 Suite, Apt. #, etc.  
**22. FORT LAUDERDALE FL**  
 City & State  
**24. 33327** **25. USA**  
 Zip Country

**2a. Mailing Address**  
**26. 520 CASCADE FALLS DR.**  
 Suite, Apt. #, etc.  
**27. FORT LAUDERDALE FL**  
 City & State  
**29. 33327** **30. USA**  
 Zip Country

**9. Name and Address of Current Registered Agent**  
**BISHOP, JASON**  
**8 TIDY ISLAND BLVD**  
**BRADENTON FL 34210**

**10. Name and Address of New Registered Agent**  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**520 CASCADE FALLS DR.**  
**83**  
**84 City** **FORT LAUDERDALE** **FL** **85 Zip Code** **33327**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.**

**SIGNATURE** *Jason Bishop* **6-24-96**  
 Signature typed for printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when not applicable) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BISHOP, JASON P	
STREET ADDRESS	8 TIDY ISLAND BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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**

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	520 CASCADE FALLS DR.	
14 CITY-ST-ZIP	FORT LAUDERDALE FL 33327	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 included 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:** *Jason Bishop* **6-24-96** **954-349-0902**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)