

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:23

DOCUMENT # 516682 (2)

1. Corporation Name
BHB CONCEPTS, INC.

Principal Place of Business Mailing Address
5704 S TRAVELERS PALM LANE **5704 S TRAVELERS PALM LANE**
TAMARAC FL 33319 **TAMARAC FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/13/1976	3a. Date of Last Report 02/01/1994
4. FEI Number 59-1696041	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		30
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9. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M.
1111 LINCOLN ROAD MALL
SUITE 600
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

(By check, list name of person or persons authorized to sign for corporation)

(By check, list name of person or persons authorized to sign for corporation)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	BLANK, HAROLD
3. STREET ADDRESS	5704 S TRAVELERS PALM LN
4. CITY, ST, ZIP	TAMARAC FL
5. TITLE	STD
6. NAME	BLANK, SHIRLEY
7. STREET ADDRESS	5704 S TRAVELERS PALM LN
8. CITY, ST, ZIP	TAMARAC FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1)(b), Florida Statutes. I further certify that the information is included on the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. If there are additions or changes to the corporation or the officers or directors reported in this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 1, 2, or Block 3, I will change or file an attachment with an address:

SIGNATURE:

Shirley Blank
SIGNATURE AND TYPE ON PRINTED NAME OF BOARD OFFICER OR DIRECTOR

1/11/95 305-739-0387
Date System Number