

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K29372

(5)

1. Corporation Name

B. H. L. H. ENTERPRISES, INC.

Principal Place of Business

**231-COMMODORE-DR
PLANTATION FL 33314**

Mailing Address

**231-COMMODORE-DR
PLANTATION FL 33314**

FILED

1995 JUL 20 AM 10: 18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/14/1988** 3a. Date of Last Report **07/20/1994**

4. FEI Number **65-0059973** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Finance/ 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 2a. Mailing Address
21 **231-COMMODORE-DR** 26 **231-COMMODORE-DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **PLANTATION-FLORIDA** 27 **PLANTATION FLORIDA**
City & State City & State
24 **33325** 25 **USA** 29 **33325** 30 **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent

**HOULE, BERTRAND
231 COMMODORE DR
PLANTATION FL 33325**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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

Signature of agent or current holder of registered agent and title if applicable

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOULE, BERTRAND
STREET ADDRESS	231- COMMODORE DR
CITY ST ZIP	PLANTATION FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL INFORMATION (SEE INSTRUCTIONS) ☐ Change ☐ Addition

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
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)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bertrand Houle - BERTRAND-HOULE-

07/16/1995-(305) 424-5972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Anytime 1995