



Jun 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		Jun 09 1998 8:00am Secretary of State	
DOCUMENT # F94000005145 (7)					
1. Corporation Name: <b>BGK REALTY, INC.</b>					
Principal Place of Business <b>330 GARFIELD ST., STE. 200 SANTA FE NM 87501</b>		Mailing Address <b>330 GARFIELD ST., STE. 200 SANTA FE NM 87501</b>		DO NOT WRITE IN THIS SPACE 	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/04/1994</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>85-0416828</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>KIMPTON, WILLIAM J KIMPTON, BURKE &amp; WHITE, P.A. 28059 US HWY. NORTH CLEARWATER FL 34621</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code <b>FL</b>	
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 _____ <small>(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS					
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	KOLBER, FRED				
STREET ADDRESS	330 GARFIELD ST., STE. 200				
CITY-ST-ZIP	SANTA FE NM 87501				
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	GILBERT, EDWARD M				
STREET ADDRESS	330 GARFIELD ST., STE. 200				
CITY-ST-ZIP	SANTA FE NM 87501				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	WILSON, M. THOMAS				
STREET ADDRESS	330 GARFIELD ST., STE. 200				
CITY-ST-ZIP	SANTA FE NM 87501				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	GERWIN, PAUL S				
STREET ADDRESS	330 GARFIELD ST., STE. 200				
CITY-ST-ZIP	SANTA FE NM 87501				
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					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
SC 6/9					
500002553805 --06/09/98--01123--032 ***150.00					
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address					