

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	F940	000	005	145
Composition Manage				$\sim$	

**BGK REALTY. INC.** 

_			_	
P	rincipal	Place	of	Business

330 GARFIELD ST., STE. 200 SANTA FE HM 87501

Mailing Address

330 GARFIELD ST., STE. 200 SANTA FE NM 87501

2.	Principal Place of Busine	\$\$	2a	<ul> <li>Mailing Address</li> </ul>	3
21			26		
	Sulte, Apt. #, etc.			Suite, Apl. #, et	с.
22	· !		27		
	City & State			City & State	
23	l		28		
	Zip	Country		Zip	Country
24	2	5	29		30
	9. Name a	nd Address of Cu	rrent Regis	stered Agent	

MINIOTONI VARIABLE I

NAME TO IT, THE CASH O
KIMPTON, BURKE & WHITE, P.A.
28059 US HWY, NORTH
CLEARWATER FL 34621

330 GARFIELD ST., STE. 200

330 GARFIELD ST., STE. 200

SANTA FE NM 87501

SANTA FE NM 87501

GERWIN, PAUL S

00 FER 10 177 1:54



DO NOT WRITE IN THIS SPACE

3.	Date	Incorp	porated	Of	Oua'ifed

10/04/1994

## 4. FEI Number

## 85-0416828

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax [ | Yes

10	١.	Name	and	Address	of	New	Re	gis	ter	ed	Agen
								~			Ψ.

81 Name Street Address (P.O. Box Number is Not Acceptable)

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

82

83 84

	Signature, typed or printed name of registered agent and title if applicable	e (NOTE Re	egistered Ager Ls.gnat.ke required	when (enstating)
12.	OFFICERS AND DIRECTORS	3	13.	ADDITIO
TITLE	DV	[] DELETE	11 TITLE	
NAME	KOLBER, FRED		1.2 NAME	
STREET ADDRESS	330 GARFIELD ST., STE. 200		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE NM 87501		1.4 CITY-ST-ZIP	
TITUE	DP	DELETE	21 TITLE	'
NAME	GILBERT, EDWARD M		2 2 NAME	
STREET ADDRESS	330 GARFIELD ST., STE. 200		23 STREET ADORESS	
CITY-ST-ZIP	SANTA FE NM 87501		2 4 CITY-S1-ZIP	
TITLE	DT	☐ DELETE	3 1 TITLE	
ALARAGE	WILCON ALTHOUSE		2.2 MANIC	

3.3 STREET ADDRESS 34 CITY-ST-7IP DELETE 41 TITLE

4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 51 TITLE

> 5 2 NAME 5 3 STREET ADDRESS 54 CiTY-ST-ZIP DELETE 6 1 TITLE

[\_] Change [\_] Add tion 200002778332--1 -02/17/99--01068--007 \*\*\*\*150.00 \*\*\*\*150.00

DÁTE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change	[] Addition
	1

Applied For

Fee Required \$5.00 May Be

Added to Fees

85 Zip Code

Not Applicable \$8.75 Additional

[] Change	[] Addition
Liponange	[]/104/101

[]] Onan	[ ]] Change			

CITY-ST-ZIP 14. Thereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119 07(3)(i). Fronda Statutes. I further certify that the information indicated on this annual report or supplements 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 receive 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 attagornery with an address, with all other like empowered.

63 STREET ADORESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

2/11/99

CR2E034 (11/98)