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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:48

DOCUMENT # 331339 (2)

1. Corporation Name
BHR INVESTMENTS, INC.

Principal Place of Business	Mailing Address
6177 SUN BLVD. SUITE ~~601-C~~ 716 ST. PETERSBURGH FL 33715 US	C/O SCHULMAN 18 PINE TREE DR GREAT NECK NY 11024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/17/1968
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21: AS ABOVE
22 Suite, Apt. #, etc.:
23 City & State:
24 Zip:
25 Country:

2a. Mailing Address
26: 6177 SUN BLVD
27 Suite, Apt. #, etc.: 716
28 City & State: ST. PETERSBURG FLORIDA
29 Zip: 33715
30 Country: PINELLAS

4. FEI Number: 59-1212243 ☐ 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

9. Name and Address of Current Registered Agent

ROSS, BARBARA
6177 SUN BLVD.
SUITE 601-C
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City: FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SECRETARY/DIRECTOR	☐ Change ☐ Addition
NAME	SCHULMAN, ROBERT	1.2 NAME	SAME	
STREET ADDRESS	18 PINE TREE DR	1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	GREAT NECK NY	1.4 CITY-ST-ZIP	SAME	
TITLE	PD	2.1 TITLE	PRESIDENT/DIRECTOR	☐ Change ☐ Addition
NAME	ROSS, BARBARA	2.2 NAME	SAME	
STREET ADDRESS	6177 SUN BLVD ~~601-C~~ 716	2.3 STREET ADDRESS	6177 SUN BOULEVARD 716	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	SAME	
TITLE	~~VD~~	3.1 TITLE		☐ Change ☐ Addition
NAME	~~ROSS, HARVEY M~~	3.2 NAME	DECEASED	
STREET ADDRESS	~~6177 SUN BLVD 601-C~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~ST PETERSBURG FL~~	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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: Robert E. Schulman ROBERT E. SCHULMAN, DIRECTOR 3/10/95 813-466-9464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484476 FN