

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90096 011 ***150.00

DOCUMENT # 331339

1. Corporation Name

BHR INVESTMENTS, INC.



Principal Place of Business

**6177 SUN-BLVD-
SUITE 216
ST. PETERSBURG, FL 33715-
US**

Mailing Address

**18 PINE TREE DRIVE
-216-
-GREAT NECK NY 11024
-US-**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1968

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 18 PINE TREE DRIVE

2a. Mailing Address

26 18 PINE TREE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 GREAT NECK N.Y.

City & State

28 GREAT NECK N.Y.

Zip

24 11024 25 U.S.A.

Zip

29 11024 30 U.S.A.

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 ROSS BARBARA
82 Street Address (P.O. Box Number is Not Acceptable)
C10 WYNN 8818 FROUDE AVE.
83
84 City SURFSIDE FL 85 Zip Code 33154**

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

Barbara Ross
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

BARBARA ROSS, PRESIDENT 2/16/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SCHULMAN, ROBERT
18 PINE TREE DR
GREAT NECK NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROSS, BARBARA
6177 SUN BOULEVARD, STE 210
ST PETERSBURG, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**PRESIDENT PD
ROSS BARBARA
C10 WYNN 8818 FROUDE AVE
SURFSIDE FL 33154**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)