


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

95 MAR 21 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **362234** (7)  
1. Corporation Name  
**B.H. BERNARD, INC.**

Principal Place of Business  
**3000 NE 30TH PLACE, SUITE 100  
FT. LAUDERDALE, FL 33306**

Mailing Address  
**3000 NE 30TH PLACE, SUITE 100  
FT. LAUDERDALE FL 33306**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/07/1970</b>		3a. Date of Last Report <b>08/03/1994</b>	
4. FEI Number <b>59-1305813</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

21. Principal Place of Business <b>1731 SE 15th St #502</b>		2a. Mailing Address <b>P.O. Box 22854</b>	
22. Suite, Apt. #, etc. <b>#502</b>		27. Suite, Apt. #, etc.	
23. City & State <b>Ft. Lauderdale, FL</b>		28. City & State <b>Ft. Lauderdale, FL</b>	
24. Zip <b>33316</b>	25. County <b>BROWARD</b>	29. Zip <b>33335</b>	30. County <b>BROWARD</b>

9. Name and Address of Current Registered Agent <b>HOLEVE, BARRY % B.H. BERNARD, INC. 3000 NE 30TH PLACE, SUITE 100 FT. LAUDERDALE FL 33306</b>				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable) <b>1731 SE 15th St. #502</b>			
B3				B4 City <b>Ft. Lauderdale FL</b>			
B5 Zip Code <b>33316</b>							

11. Pursuant to the provisions of Sections 607.0507 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: *Barry Holve* DATE: **3/15/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>HOLVE, BERNARD BARRY</b>	1.1 TITLE <b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS <b>3000 NE 30TH PLACE, #100 FT. LAUDERDALE FL</b>		1.2 NAME	
		1.3 STREET ADDRESS <b>1731 SE 15th St. #502 Ft. Lauderdale, FL 33316</b>	
		1.4 CITY-ST-ZIP	
TITLE	NAME <b>HOLVE, MITCHELL</b> <b>REMOVED</b>	2.1 TITLE	
STREET ADDRESS <b>3000 NE 30TH PLACE, #100 FT. LAUDERDALE FL</b>		2.2 NAME	<b>REMOVED</b>
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 provided and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included in 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 liquidator authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable or on an attachment with an affidavit.

SIGNATURE: *Barry Holve* DATE: **3/15/95** (905) 524-4537