

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 516682

(2)

1. Corporation Name

BHB CONCEPTS, INC.



Principal Place of Business

5704 S TRAVELERS PALM LANE
TAMARAC FL 33319

Mailing Address

5704 S TRAVELERS PALM LANE
TAMARAC FL 33319

3. Date Incorporated or Qualified
10/13/1976

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1696041

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

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

10. Name and Address of New Registered Agent

DANIELS, NICHOLAS M.
1111 LINCOLN ROAD MALL
SUITE 600
MIAMI BEACH FL 33139

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
BLANK, HAROLD
STREET ADDRESS
5704 S TRAVELERS PALM LN
CITY- ST- ZIP
TAMARAC FL

2. TITLE ☐ DELETE

NAME
BLANK, SHIRLEY
STREET ADDRESS
5704 S TRAVELERS PALM LN
CITY- ST- ZIP
TAMARAC FL

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

2 NAME

3 STREET ADDRESS

4 CITY- ST- ZIP

2. 1 TITLE ☐ Change ☐ Addition

2 NAME

3 STREET ADDRESS

4 CITY- ST- ZIP

3. 1 TITLE ☐ Change ☐ Addition

3 NAME

3 STREET ADDRESS

4 CITY- ST- ZIP

4. 1 TITLE ☐ Change ☐ Addition

4 NAME

4 STREET ADDRESS

4 CITY- ST- ZIP

5. 1 TITLE ☐ Change ☐ Addition

5 NAME

5 STREET ADDRESS

5 CITY- ST- ZIP

6. 1 TITLE ☐ Change ☐ Addition

6 NAME

6 STREET ADDRESS

6 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:

Shirley Blank Sec Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/96

954-739-0387

Daytime Phone

CR2E034 (12/95)