Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90033 044 ***150.00

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

DOCU	MENT # 838966	3				
1. See personal seems						
THE B G	i service company, ind	C.				
)	<u>til glall</u> 1 9 a l By bib) y b
Principal Place	e of Business	Mailing Address				ALF BIREI IRBI
1400 ALABAMA		1400 ALABAMA AVE				
P.O. BOX 2259 P.O. BOX 2259			DO MOT MOITE IN T			
W PALM BEACH FL 33402 W PALM BEACH FL 33402				DO NOT WRITE IN TI 3. Date Incorporated or Qualifed	HIS SPACE	
				08/17/1977		
2 Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Apr	lied For
21		26		22-1734357	- - ' '	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional
22		27		5. Certificate of Status Desired	Fee Red	uired
City & State	е	City & State		6. Election Campaign Financing	\$5. 00 N	· .
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	 This corporation owes the current year Personal Property Tax. 	r Intangible ☐ Yes [⊡No
24	9. Name and Address of Curre		30	10. Name and Address of New Register		
	9. Name and Address of Con-	ent ivegistered Agent	81 Name	10.		
FRO	st, edwin L.		99 Chrana A	Address (D.O. Boy Number is Not Assertable)		
THE PIONEER COMPLEX, UNIT NO. 15			82 Street A	Address (P.O. Box Number is Not Acceptable)		
1400 ALABAMA AVE.			83			_
WEST PALM BCH FL 33402			84 City		85 Zip C	ode
					-L	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above-named of	corporation submits this statement for the purpose pration's board of directors. I hereby accept the ap	of changing its reconstruction	egistered istered
agent. I a	egistered agent, or both, in the Statem familiar with, and accept the oblig	gations of, Section 607.0505, Flori	da Statutes.	ration's business of uncertainty in the september and sep	, , , , , , , , , , , , , , , , , , ,	
SIGNATURE		·		equired when reinstating) DATE		\
40	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:: AND DIRECTORS	Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	CD	DELETE	1,1 TITLE	ABBITTOTION OF THE TOTAL OF THE	☐ Change	Addition
NAME	FROST, EDWIN L.		1.2 NAME			
STREET ADDRESS	1660 SOUTH AIA, # 152		1.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	FROST, JOHN H.		2.2 NAME		•	
STREET ADDRESS	6257 WOODBURY RD		2.3 STREET ADDRESS	2811 Banyan Blud		
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-ST-ZIP	+		
TITLE	SD	☐ DELETE	3.1 TITLE	•	Change	☐ Addition
NAME	FROST, MARJORIE W.		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL	☐ DELETE	3.4. CITY-ST-ZIP		Change	Addition
TITLE	LEDOCT MADY C	ריין טבניניג	4.1 TITLE 4. 2 NAME		ya(ananga	
NAME	FROST, MARY E. 6257 WOODBURY RD.		4.3 STREET ADDRESS	2811 Banyan Blud		
STREET ADDRESS	BOCA RATON FL		4.4 CITY-ST-ZIP	2011		
CITY-ST-ZIP TITLE	BOCA RATON FL	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			ļ
PTDEET ADDDESS	1		6.3 STREET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE: