

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Whitman
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # F24016

(0)

B.S.Y.P., INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address 1561 NW 75TH TER 105 SW 7TH AVE PLANTATION FL 33313 US		2. Mailing Address PO BOX 16658 105 SW 7TH AVE. PLANTATION FL 33318 US		3. Date incorporated or Qualified 03/19/1981		3a. Date of last Report 06/10/1994	
2. Foreign Office Address 21. Suite Apt # etc 22. City & State 23. Country		2a. Mailing Address 26. Suite Apt # etc 27. City & State 28. Country		4. FET Number 59-2072589		Applied for Not Applicable	
24. State		25. Country		29. State		30. Country	
9. Name and Address of Current Registered Agent TACKETT, WILMA M. 4320 S.W. 2ND COURT PLANTATION FL 33317				10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL			
11. Pursuant to the provisions of Sections 602.15(1) and 607.15(8), 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(1), Florida Statutes. SIGNATURE: <i>Wilma M. Tackett</i> 5-1-95							
12. OFFICERS AND DIRECTORS NAME: P TACKETT, WILMA M. STREET ADDRESS: 4320 S.W. 2ND COURT CITY: PLANTATION FL NAME: TS FOLAND, VIRGIL STREET ADDRESS: 4320 S.W. 2ND COURT CITY: PLANTATION FL NAME: V FOLAND, DALE STREET ADDRESS: 4320 S.W. 2ND COURT CITY: PLANTATION FL				13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP 4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP 7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP 10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP 13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP 16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP 19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP 22. NAME 23. STREET ADDRESS 24. CITY, STATE, ZIP 25. NAME 26. STREET ADDRESS 27. CITY, STATE, ZIP 28. NAME 29. STREET ADDRESS 30. CITY, STATE, ZIP			
14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 602.15(1) and 607.15(8), 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 of this report or in an attachment with an address.							
SIGNATURE: <i>Wilma M. Tackett</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				5-1-95 305-524-4311			