

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

DOCUMENT # F63380

1. Corporation Name

BXG REALTY OF FLORIDA, INC.

Principal Place of Business

12995 CLEVELAND AVE
SUITE 164
FT. MYERS FL 33907

Mailing Address

12995 CLEVELAND AVE
SUITE 164
FT. MYERS FL 33907

2. Principal Place of Business

21 4960 Blue Lake Drive

Suite, Apt. #, etc.

22

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25

2a. Mailing Address

26 4960 Blue Lake Drive

Suite, Apt. #, etc.

27

City & State

28 Boca Raton, FL

Zip

29 33431

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

01/15/1982

4. FEI Number

59-2160189

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

10. Name and Address of New Registered Agent

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

TITLE	T	<input type="checkbox"/> DELETE
NAME	FISHER, TIM D	
STREET ADDRESS	12995 CLEVELAND AVE #164	
CITY-ST-ZIP	FT MYERS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KEIM, JEFFREY	
STREET ADDRESS	12995 CLEVELAND AVE #164	
CITY-ST-ZIP	FT MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BIDGOOD, DAVID	
STREET ADDRESS	12995 CLEVELAND AVE #164	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RONDEAU, PATRICK E	
STREET ADDRESS	5295 TOWN CENTER RD #400	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAY, NICOLAS L	
STREET ADDRESS	5295 TOWN CENTER RD #400	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGUSON, DANNY L	
STREET ADDRESS	5295 TOWN CENTER RD #400	
CITY-ST-ZIP	BOCA RATON FL 33486	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4960 Blue Lake Drive
4.4 CITY-ST-ZIP	Boca Raton, FL 33431
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4960 Blue Lake Drive
5.4 CITY-ST-ZIP	Boca Raton, FL 33431
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	4960 Blue Lake Drive
6.4 CITY-ST-ZIP	Boca Raton, FL 33431

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

Secretary

1/27/99

561-912-8006

Date

Daytime Phone #

CR2E034 (11/98)

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90028 040 ***150.00



DO NOT WRITE IN THIS SPACE