## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1998 DOCUMENT #

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9200000241 (1)

**FILED** Apr 14 1998 8:00am Secretary of State

BICA	REALTY GROUP, INC.				
				A HAARKAN TIYO KOKIN KANSA OONIA OOKIN AANKA OOKIN AARKA OOKIN DOOLA AARKA OOKIN AARKA KINDA KOR	
Principal Place	e of Business	Mailing Address		1 1551164s tarie keit bött esitt esitt esitt saut seits tiert eiten vier eite	"
B141 MAIN STREET N.W. P.O. BOX 78					
BOKEELIA FL 33922 BOKEELIA FL 33922 US		DO NOT WRITE IN THIS SPACE			
		00		3. Date Incorporated or Qualified	
	_			11/02/1992	
2. Principal Place of Business 2a. Ma		2a. Mailing Address		4. FEI Number Applied Fo	or
21		26		31-6029398 Not Applic	
<b></b>		Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Addition	al
		City & State		Fee Required	
23 28		<b>⊢</b> '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	•
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29 3	0	Personal Property Tax due June 30. X Yes No	ĺ
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent	
BOREN, HERBERT S. 81 Name					)
8141 MAIN ST., N.W.			82 Street A	ly Braund doress (P.O. Box Number is Not Acceptable)	
P.O. BOX 78			814	1 Main St. N.W.	
ВО	KEELIA FL 33922		63		
			84 City	85 Zip Code	
				eelia <b>FL</b>    33922	
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, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	sallysrau	ym Sally Bra	und reg	istered agent 4.7-98	
12.	Signature, typed or printed the of registered OFF I OFRS	AND DIRECTORS (NOTE: F	registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE		PSTD R Change R Ad	
NAME	BOREN, EILEEN	•	I 1.	Sally Braund	
STREET ADDRESS	8141 MAIN STREET			8141 Main St., N.W.	1
CITY-ST-ZIP	BOKEELIA FL			Bokeelia, FL 33922	
TITLE	STD	X DELETE	2.1 TITLE	Change Ad	dition
NAME	BOREN, HERBERT S.		2.2 NAME		
STREET ADDRESS	8141 MAIN STREET		2.3 STREET ADDRESS		- 1
CITY-ST-ZIP	BOKEELIA FL		2.4 CITY+ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change Add	dition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ł
CITY-ST-ZIP		Louete	3.4. CITY - ST - ZIP	D 01	dition
TITLE		☐ DELETE	4.1 HTLE	L Change Add	viaun
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		i
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Adi	dition
NAME		La Petric	5.2 NAME	المان	
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ļ
TITLE		☐ DELETE	6.1 TITLE	Change Ad	dition
NAME		_	6.2 NAME	_ <b>,</b>	
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		ł

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.