

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED

96 AUG 19 AM 10:31

DOCUMENT # **F93000000104 (0)**

1. Corporation Name

BVT REAL ESTATE DEVELOPMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **424 CHURCH ST. SUITE 1200 NASHVILLE TN 37219 US**
Mailing Address: **P. O. BOX 198409 NASHVILLE TN 37219-8409 US**

3. Date Incorporated or Qualified: **01/04/1993**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **62-1212936**
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. 190.032 Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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 607.05(2) 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(8), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARFENBERG, HARALD VON	12 NAME	
STREET ADDRESS	424 CHURCH ST., SUITE 1200	13 STREET ADDRESS	
CITY- ST- ZIP	NASHVILLE TN	14 CITY- ST- ZIP	
TITLE	DPT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMELRICK, JAMES E JR.	22 NAME	
STREET ADDRESS	424 CHURCH ST., SUITE 1200	23 STREET ADDRESS	
CITY- ST- ZIP	NASHVILLE TN	24 CITY- ST- ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, BERNADETTE J	32 NAME	
STREET ADDRESS	424 CHURCH ST., SUITE 1200	33 STREET ADDRESS	
CITY- ST- ZIP	NASHVILLE TN	34 CITY- ST- ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIMELRICK, JAMES R JR	42 NAME	
STREET ADDRESS	424 CHURCH ST., SUITE 1200	43 STREET ADDRESS	
CITY- ST- ZIP	NASHVILLE TN	44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

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TREASURER
STARLING JOHN I
424 CHURCH ST., SUITE 1200
NASHVILLE TN 37219

[Signature]

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 and data 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15-AUG-96 615 255 3181

CR2E034 (3/96)