

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 # F94000005145

1. Corporation Name
BGK REALTY, INC.

Principal Place of Business
330 GARFIELD ST., STE. 200
SANTA FE NM 87501

Mailing Address
330 GARFIELD ST., STE. 200
SANTA FE NM 87501

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

KIMPTON, WILLIAM J
KIMPTON, BURKE & WHITE, P.A.
28059 US HWY. NORTH
CLEARWATER FL 34621

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's Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV [] DELETE

NAME KOLBER, FRED
STREET ADDRESS 330 GARFIELD ST., STE. 200
CITY-STATE-ZIP SANTA FE NM 87501

TITLE DP [] DELETE

NAME GILBERT, EDWARD M
STREET ADDRESS 330 GARFIELD ST., STE. 200
CITY-STATE-ZIP SANTA FE NM 87501

TITLE DT [] DELETE

NAME WILSON, M. THOMAS
STREET ADDRESS 330 GARFIELD ST., STE. 200
CITY-STATE-ZIP SANTA FE NM 87501

TITLE S [] DELETE

NAME GERWIN, PAUL S
STREET ADDRESS 330 GARFIELD ST., STE. 200
CITY-STATE-ZIP SANTA FE NM 87501

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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

2/11/99

Date

505.992.5178

Daytime Phone #

0532610

CR2E034 (11/98)