PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

•	PLICAT FOR STATE	ION	FLORIDA S	A DEPARTMEN Sandra B. Mort Secretary of St	T OF STATE ham ate		FILED		
DOCUMENT # F94000005840						97 FEB 25 PM 1: 51			
1. Corporation Name  BH EQUITIES, INC.						CHONLIARY OF STATE TALLAMASSEE, FLORIDA			
400 L		STREET STE 690 IA 50309-2331	Mailing Addre	288					
entrata essential to the		incorrect in any way, line thro Address, If Applicable	C. T		ormation and enter correction below. Office Address, if Applicable		orated or Qualified ness in Florida	11/10/94	
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State			City & State			42-1371704 Not Applicable  6. S8.75 Additional Fee required			
Zip	Country		Zip	Country		CERTIFICATE OF STATUS DESIRED tor a Certificate of Status			
7. Names a	and Street Ad	dresses of Each Officer and/o Name of Officers and/or Directors	or Director (Flor	Stre Offi	et Address of Each cer and/or Director e Post Office Box N	h r City / State / Zip			
P√M	HARRY	BOOKEY	400 LOGUST STREET S			STE 690 DES MOINES IA 50309-2331			
					REI	NSTATEMENT 47 \$222497 1000020981212 -02/26/97-01016-009 ****923.75 *****923.75			
	8. Nan	ne and Address of Current R	egistered Age	nt	Name	9. Name and	Address of New Registe	red Agent	
CT C Street Address (F						CORPORATION SYSTEM P.O. Box Number is Not Acceptable) D S PINE ISLAND ROAD			
•					Suite, Apt. #, Etc.  City PLANTATION  State Zip Code FL 33324				
_		e registered agent of the abov	•		h and accept the ob	oligations of Sect		L   33324	
Signature of Registered	$\sim$	mes M. Halpiny					Date 2/21/9	97	
11. Do De	es this pt. of R	corporation pay a evenue under S.	ny intang 199.032,	ible tax to the Florida Statu	e ites. Yes [	□ No [		er side for information	on
this reins owed by	statement ap the corporat	officer or director or the receive plication, the reason for dissolution have been paid and the nurse and accurate, and my signal.	ution has been ames of individu	eliminated, the corpor uals listed on this form	ate name satisfies to do not qualify for a	the requirements an exemption un	of section 607.0401 or 6	17.0401, F.S., that a	all fees
SIGNAT		GNATURE AND TYPED OR PRIN	TED NAME OF S	IGNING OFFICER OR D	HARRY BO	OKEY	2/2/97 Date	515/244-2 Daytime Phone #	622