

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000004752 (0)**

1. Corporation Name
BHC ASSETS, INC.

Principal Place of Business
**5355 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486**

Mailing Address
**5355 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0439834	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

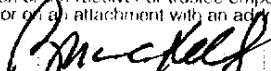
TITLE	PC	<input type="checkbox"/> DELETE
NAME	SIEGEL, HERBERT J	
STREET ADDRESS	767 FIFTH AVENUE, 46TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	SIEGEL, WILLIAM D	
STREET ADDRESS	767 5TH AVE 46TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERKEL, JOELEN K	
STREET ADDRESS	5355 TOWN CENTER ROAD, SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	KELLY, BRIAN	
STREET ADDRESS	767 FIFTH AVENUE, 46TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	MERKEL, JOELEN	
STREET ADDRESS	5355 TOWN CENTER ROAD, SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FISCHER, DAVID C	
STREET ADDRESS	345 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10154	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:



2/13/98

(212) 421-0200

CR2E034 (10/97)