

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 # F96000000811

1. Corporation Name

BFMA HOLDING CORPORATION

Principal Place of Business

701 SE 6TH AVE.
DELRAY BEACH FL 33483

Mailing Address

701 SE 6TH AVE.
DELRAY BEACH FL 33483

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90173 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1996

4. FEI Number

52-1958726

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PST
FLORESCUE, BARRY W
701 SE 6TH AVE.
DELRAY BEACH FL 33483

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DC
FLORESCUE, BARRY W
701 SE 6TH AVE.
DELRAY BEACH FL 33483

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
HALL, MICHAEL J
335 S SEVENTH ST
MINNEAPOLIS MN 55402

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
BLOOM, RICK
150 S RODEO DR #100
BEVERLY HILLS CA 90212

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
DELANY, LOGAN D JR
41 NORTH BROADWAY
IRVINGTON NY 10533

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
WEISSMAN, CHARLES
919 3RD AVE, 20TH FL
NEW YORK NY 10022

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D

SIEGEL, NED

1800 CORPORATE BLVD N.W., # 300

BOCA RATON, FL 33431

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

MIERSCH, CHARLES W

2-217 CAROL SIMON HALL

ROCHESTER NY 14627

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

(561) 272-7555

Date

Daytime Phone #

CR2E034 (11/98)