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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000004113 1. Corporation Name

E. J. BHI	ENEIWAN, INC.								
Principal Place	e of Business	Mailing Address				I SUBSIDE INDIGITE OF	(E) 48 211 48 111 88 121 4 1		11888 (311 1681
1117 SNYDER R	RD.	1117 SNYDER RD.							
WEST LAWN PA	WEST LAWN PA 19609	LAWN PA 19609			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or	Qualifed	~	
						08/08/1996			ļ
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	plied For
-		26			23-0430672		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status D	esired 🛣	\$8.75 A	dditional	
22	•	27				5. Certificate of Status D	esiled K	Fee Re	quired
City & State	e	City & State				6. Election Campaign Fi	nancing	\$5.00	
23		28				Trust Fund Contribution	on 🗀	- Added to	o Fees
Zip	Country	Zip	Cor	intry		8. This corporation owes	the current year	_	_
24	25	29	30		<u>-</u>	Personal Property Ta			□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address	of New Register	ed Agent	
				81	Name				1
	CORPORATION SYSTEM			82	Street Add	dress (P.O. Box Number is No	t Acceptable)		-
	SOUTH PINE ISLAND ROAD					2 47 4 (97) 8	C. West State own 1	eni kana wasa ilea	. 740 (15) 15(s)
PLAN	NTATION FL 33324			83					
				84	City	2.2.10. 10.	ा अक्षा प्रशासिका है	* 85 "Zip C	Code *** 1481
	to the provisions of Sections 607.05			L	-		1	-L	
				d hv i		tion's board of directors. I here	eby accept the ap	pointment as re	gisterea
agent. I a	m familiar with, and accept the oblig	lations of, Section 607.0505, Fi	orida Stat	utes.	ine corporat				
agent. I a	rn familiar with, and accept the oblig	pent and title if applicable. (NOT	E: Registered	d Agent	ine corporat	ired when reinstating) ADDITIONS/CHANGE	DATE		
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WEST LAWN FL 19609-1100

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. CITY-ST-ZIP

Roger J. Schmidt, President