

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90016 016 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G94973**

1. Corporation Name
ELWILL BHP CORP.

Principal Place of Business 319 MONROE DRIVE WEST PALM BEACH FL 33405 US	Mailing Address 319 MONROE DRIVE WEST PALM BEACH FL 33405 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1984

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 22-2665416	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**VEGOSEN, DEAN
500 S.AUSTRALIAN AVE.
W.PALM BCH. FL 33402-1388**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.S.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, TIM	1.2 NAME	TIM SLATER
STREET ADDRESS	319 MONROE DRIVE	1.3 STREET ADDRESS	319 MONROE DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33405
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, YVONNE	2.2 NAME	DEAN VEGOSEN
STREET ADDRESS	1909 CANTERBURY CIRCLE, WELLINGTON	2.3 STREET ADDRESS	500 S.AUSTRALIAN AVE
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33402
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, H ALAN	3.2 NAME	MITCHEL STUMP
STREET ADDRESS	125 HALF MILE RD	3.3 STREET ADDRESS	26 PRINCEWOOD LANE
CITY-ST-ZIP	RED BANK NJ	3.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED

4/6/99. 861 8200021

CR2E034 (11/98)