

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90017 017 ***150.00

DOCUMENT # G98896

1. Corporation Name
B.F. INDUSTRIAL PARK, INC.

Principal Place of Business

3550 BISCAYNE BLVD
SUITE 504
MIAMI FL 33137
US

Mailing Address

7759 MONTGOMERY RD
SUITE 3
CINCINNATI OH 45236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1984

4. FEI Number

59-2416466

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 4770 BISCAYNE BLVD

2a. Mailing Address

26 9792 WINDISCH RD.

Suite, Apt. #, etc.

22 1150

Suite, Apt. #, etc.

27

City & State

23 MIAMI FL

City & State

28 WEST CHESTER, OH

Zip

24 33137

Country

25 US

Zip

29 45069

Country

30

9. Name and Address of Current Registered Agent

KANTER, JOHN E.
3550 BISCAYNE BLVD.
SUITE 504
MIAMI FL 33137

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

TITLE VST ☐ DELETE

NAME WILDERMUTH, ROBERT E.
STREET ADDRESS 7759 MONTGOMERY RD., #3
CITY-ST-ZIP CINCINNATI OH

TITLE CD ☐ DELETE

NAME KANTER, JOSEPH H.
STREET ADDRESS 3550 BISCAYNE BLVD 504
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME KANTER, JOHN E.
STREET ADDRESS 3550 BISCAYNE BLVD 504
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 9792 WINDISCH RD.

1.4 CITY-ST-ZIP WEST CHESTER, OHIO 45069

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4770 BISCAYNE BLVD # 1150

2.4 CITY-ST-ZIP MIAMI FL 33137

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 4770 BISCAYNE BLVD # 1150

3.4 CITY-ST-ZIP MIAMI FL 33137

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Robert E. Wildermuth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

513 779 7377

Daytime Phone #

CR2E034 (11/98)