

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H11869**

(5)

1. Corporation Name

B. S. H. CORPORATION

Principal Place of Business

11554 GROVE ST
SEMINOLE FL 34642

Mailing Address

11554 GROVE ST
SEMINOLE FL 34642



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified
07/12/1984

3a. Date of Last Report
01/20/1995

4. FEI Number

59-2424873

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HENRIKSEN, ROBERT H.
11554 GROVE ST
SEMINOLE FL 34642**

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

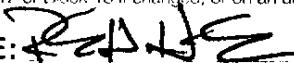
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	NAME	<input type="checkbox"/> DELETE 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST	1.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRIKSEN, ROBERT H.	<input type="checkbox"/> DELETE 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11554 GROVE ST	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	SEMINOLE FL	2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST	2.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRIKSEN, SHEILA E.	<input type="checkbox"/> DELETE 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11554 GROVE ST	3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	SEMINOLE FL	3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	3.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, J. PAUL	<input type="checkbox"/> DELETE 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	400 CLEVELAND	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CLEARWATER FL	4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:  ROBERT H. HENRIKSEN 01/19/96 033-397-5462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)