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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

| | 1996 | | | retary of State DF CORPORATIONS | 5 | | | |
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| DOCUI | MENT # | H68439 | (9) | | | | | |
| B.H.S. | S. INC. | | | | | i irr irii biid biidi iriid biid biid | (B)) Astri Alàli Bista | |
| nnopal Place | of Business | M | ailing Address | | | | | |
| % JOSEPH G. BYWATER % JOSEPH G. BY | | | | TER | | | | |
| 4304 ELTON VALRICO FL | | • | 4304 ELTON PLACE VALRICO FL 33594 | | | | | |
| | | | | | | 3. Date incorporated or Qualified 07/29/1985 | 3a. Date of La 01/26/ | |
| 1 | ace of Business | | Mailing Address | | | 4. FEI Number | 01/20/ | Applied For |
| Suite, Apt | #. etc. | 26 | Suite, Apt. #, etc. | | | 59-2774783 | | Not Applicat |
| | | 27 | Other Part. W. Sto. | | | 5. Certificate of Status Desired | | .75 Additional se Required |
| Orty & State | · · · · · · · · · · · · · · · · · · · | 28 | City & State | | | Election Campaign Financing Trust Fund Contribution | \$ <u>\$</u> | 5.00 May Be dded to Fees |
| - Ζιρ - | 25 | ntry | Ζφ | Country 30 | | 8. This corporation has liability for in Florida Statutes Yes | | ers 199.032, |
| | | dress of Current Regis | tered Agent | | L | 10. Name and Address of New R | | |
| 6164/15 | | | | 81 Na | anie | | | · · · · · · · · · · · · · · · · · · · |
| | er, Joseph G. Outh Florida av | ENI IE | | 82 St | reet Address | (P.O. Box Number is Not Acceptable | le) | |
| | ND FL 33803 | LNOL | | 83 | | | | |
| | | | | 84 Cit | 1 | | Т | 7 |
| · | | | | [] | • | n submits this statement for the purp | FL 85 | Zip Code |
| IGNATURE | | | | | | | | |
| | Signature, Typical or printed ma | nic of registered against and title it a | | ETTE Registered Agent signs | alure required whe | | DATE | OTODO IN 12 |
| | PD | OFFICERS AND DIREC | | File Registered Agent signs 13. 1.1 TITLE | ature required who | on repositating: ADDITIONS/CHANGES TO OFFICE | | |
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octu, that I am an officer or director of 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 octu, 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:

What Separet (FLORA A. ESPINET) PRESIDENT SIGNATURE AND TYPED OR HINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

(813)684-6509