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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K29740

(3)

B.T.C. PROPERTIES, INC. Principal Place of Business Mailing Address 11059 BIST ST N. 11059 BIST ST N. LAKE PARK FL 33412-1520 LAKE PARK FL 33412 3. Date incorporated or Qualified 3a. Date of Last Report 07/21/1988 04/22/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0082268 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired V Fee Required 22 27 City & State Crty & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLARK, BILL 11059 81ST STREET NO. **B2** Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH 33412-8520 83 84 City Zip Code 85 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, typical or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THIE 1.1 TITLE Change Addition CLARK, WILLIAM A. NAME 1.2 NAME 11059 81ST STREET NO. STREET ADDRESS 1.3 STREET ADDRESS LAKE PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAM: **2.2 NAME** STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - 20P 2.4 CITY-ST-ZIP DELETE . Change TOLE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change ___ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - 7(P 4.4 CITY-ST-ZIP DELETE TOUR 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZiF 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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.

6.4 CITY - ST - ZIP

SIGNATURE: Kuller

11:nm A. CLANG /26/97

842.4995

(96/6)

FILED

Apr 08 1997 8:00am

Secretary of State