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 # K67797

(6)

B.H.S. GENERAL CONTRACTING, INC.

FILED
Sep 03 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address						C INDIDATIO DEL DEFIT CADALE ENDE INVELTORE REGIL BEDIL DIDECTORE REGIL 94011 (401	
1620 BAY RD SARASOTA FL US	34239	1620 BAY RD SARASOTA FL 34239-8808 US					
						3. Date Incorporated or Qualified 02/23/1989 3a. Date of Last Report 02/23/1996	
	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
Suite, Apt.	# oto	Suite, Apt. #, etc.				65-0173850 Not Applicable	
22		27				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zφ	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,	
24	25		30			Florida Statutes Yes No	
	9. Name and Address of Current	Registered Agent		B1	Name	10. Name and Address of New Registered Agent	
	CHOK, DAN			וים	(vairie		
) BAY ROAD ASOTA FL 34239		[4	82	Street A	Address (P.O. Box Numbor is Not Acceptable)	
1	*		[1	33			
·			ļī	В4	City	FL 85 Zip Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was au	ithorized	bν	the corp	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typod or printed name of registered agen	and tile it applicable. (NOTE:	Flogistered	 Agar	nt signature	requireo when reinstating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELE1E	1.1 TITL	.[Change Addition	
NAME	BEYCHOK, DAN		1.2 NAN	AL.	1		
STREET ADDRESS	1620 BAY ROAD		1.3 STR	EET /	ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 C(T)	/- \$T	I- Z IP		
TITLE		☐ DELETE	2.1 TITL	.E		Change Addition	
NAME			2.2 NAN	AE]		
STREET ADDRESS			2.3 STR	EET /	ADDRESS		
CITY-ST-ZIP		- I because	2. 4 CIT		1-ZIP		
TITLE		☐ DETEJF	3.1 111).		Į	L_J Change L_J Addition	
NAME			3.2 NAN				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CIT		1- ZIP	☐ Change ☐ Addition	
NAME		<u></u>	4.1 HIL		ļ	Criange — Audition	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			4.4 CITY				
TITLE		DELETE	5 1 T)T(-11	Change Addition	
NAME			5 2 NAN		1		
STREET ADDRESS			5.3 STR	EFT /	ADDRESS		
CITY-ST-ZIP			5.4 CITY	r - S1	- ZiP		
TITLE		DELETE	6.1 TITE	~		Change Addition	
NAME			6.2 NAN	/E	1		
STREET ADDRESS			6.3 STR	EL1 A	ADDRESS		
CITY-ST-ZIP			6.4 CITY				
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.							