

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

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # K74808 (2)**

1. Corporation Name  
**BHB PROPERTIES, INC.**



Principal Place of Business % HOWARD SCHIEFERDECKER 501 E JACKSON ST. 1ST FL ORLANDO FL 32801	Mailing Address % HOWARD SCHIEFERDECKER 501 E JACKSON ST. 1ST FL ORLANDO FL 32801
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 125 S. SWOOPE AVE. Suite, Apt #, etc. 22 SUITE 103 City & State 23 MAITLAND FLORIDA Zip Country 24 32751 25 ORANGE	2a. Mailing Address 26 125 S. SWOOPE AVE. Suite, Apt #, etc. 27 SUITE 103 City & State 28 MAITLAND FLORIDA Zip Country 29 32751 30 ORANGE	3. Date Incorporated or Qualified 03/23/1989	4. FEI Number 59-2948322	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SCHIEFERDECKER, HOWARD A. 501 EAST JACKSON STREET ORLANDO FL	81 Name	10. Name and Address of New Registered Agent
	82 Street Address (P.O. Box Number is Not Acceptable)	125 S. SWOOPE AVE., SUITE 103
	83	
	84 City	MAITLAND FL 85 Zip Code 32751

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, WILLIAM H.	1.2 NAME	
STREET ADDRESS	501 EAST JACKSON ST.	1.3 STREET ADDRESS	125 S. SWOOPE AVE., SUITE 103
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIEFERDECKER, HOWARD A	2.2 NAME	
STREET ADDRESS	501 EAST JACKSON ST.	2.3 STREET ADDRESS	125 S. SWOOPE AVE., SUITE 103
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYLREA, BRUCE	3.2 NAME	
STREET ADDRESS	501 EAST JACKSON ST.	3.3 STREET ADDRESS	125 S. SWOOPE AVE., SUITE 103
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, GEORGE	4.2 NAME	
STREET ADDRESS	501 EST JACKSON ST.	4.3 STREET ADDRESS	125 S. SWOOPE AVE., SUITE 103
CITY-ST-ZIP	ORLANDO	4.4 CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_

3/18/98

CR2E034 (10/97)