## 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 # L11323** 

(7)

Corporation Name	V /	
B.H.M. ENTERPRISES, INC.		
Principal Prace of Business	Mailing Address	

**FILED** May 15 1997 8:00am Secretary of State



Principal Prace of Business Mailing Address 4118 WEST VINE STREET 4910 14TH STREET W. KISSIMMEE FL 34741 SUITE 204 BRADENTON FL 34207-2404		04						
					3. Date Incorporated or Qualified 08/23/1989		te of Last F <b>6/1996</b>	leport
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	00/0		pplied For
21		26			62-1404380			ot Applicable
Suite, Apt 22		Suite, Apt #, etc.			Certificate of Status Desired	AL)	Fee R	Additional equired
City & Sta	te	City & State			6. Election Campaign Financing	П		May Be
<b>23</b> Zip	Country	Zip	Count	ìrv	Trust Fund Contribution			to Fees
24	25	29	30	,	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	Yes	lax unoers ∐No	i. 199.032,
	9. Name and Address of Curren		1-71		10. Name and Address of New F	Registered A	gent	
MA	Y, J. WILLIAM		8	1 Name		,		
189	9 BUCCANEER CIRCLE	*****	8	Street Add	dress (P.O. Box Number is Not Accept	able)		
SAF	RASOTA FL 34231		8	3				
			ē	4 City			<b>85</b> Zip	Code
44 D	007.050	O and COT 4500 Finding Class	los the ebs		rporation submits this statement for the ation's board of directors. I hereby acc	FL	<u> </u>	de registered
SIGNATURE.		ent and title if applicable. (NO			uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
1:[Li	P	DELETE	1.1 TOTAL	E			Change	Addition
NAME	BOOKSTAFF, JAMES E.		1.2 NAM	E				
STREET APORESS			1	ET ADDRESS				
CHY-SI-ZIP	GATLINBURG TN 37738	DELETE	1.4 CITY 2.1 TITU	-ST-ZIP			Change	Addition
TITLE	HUTCHENS, BRETT	_ DECEN	2.1 1/10 2.2 NAM				CT Originate	L Monton
STREET ADDRESS	TAKE BOULE BOOK BOAR IL	<b>1.</b>	1	ET ADDRESS				
CHY-ST-ZIP	SARASOTA FL		2.4 CIT	Y-\$T-ZIP				
TITLE	V	☐ DELETE	3.1 TIFL	E		***************************************	Change	Addition
NAME	MAY, J. WILLIAM		3.2 NAM					
STREET ADDRESS	1899 BUCCANEER CIRCLE SARASOTA FL			EET ADDRESS				
City St ZIP TITLE	ONTAGUIN FL	DELETE	3.4. CIT	Y-ST-ZIP			Change	Addition
NAME		PHI PECELE	4.1 HIL	į.			Unungo	- 1000001
STREET ADDRESS				EET ADDRESS				
City - St - 70P				-ST-ZIP				
TITLE		DELETE	5 1 TITE	ĭ			Change	Addition
NAME			5.2 NAM	1				
STREET AUDRESS				EET ADDRESS				
CITY-SI-ZIP TITLE		☐ DELETE	54 CITY 61 TITL	-ST-ZIP			Change	Addition
NAME		L pricit	6.2 NAM	1				
STREET ADDRESS				EET ANDRESS				
CITY-SL-7IP			1 ' '	- ST - 7IP				

14. If 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 disposation 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