


FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 06 1997 8:00am Secretary of State	
DOCUMENT # L42026 (9)					
1. Corporation Name BHV, INC.					
Principal Place of Business C/O BOB VOLKENS 2419 S.W. BOBALINK COURT PALM CITY FL 34990			Mailing Address C/O BOB VOLKENS 2419 S.W. BOBALINK COURT PALM CITY FL 34990-2652		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 06/26/1996	
22 City & State		27 City & State		4. FEI Number 65-0162366	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent VOLKENS, BOB 2419 S.W. BOBALINK COURT PALM CITY FL 34990				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				Applied For Not Applicable	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Signature, typed or printed name of registered agent and title, if applicable				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. OFFICERS AND DIRECTORS				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1. TITLE D NAME VOLKENS, BOB STREET ADDRESS 2419 S.W. BOBALINK COURT CITY-ST-ZIP PALM CITY FL				9. Name and Address of New Registered Agent	
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP				10. Name and Address of New Registered Agent	
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP				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.	
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP				SIGNATURE	
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP				Signature, typed or printed name of registered agent and title, if applicable	
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP				(NOTE: Registered Agent signature required when reappointing)	
7. TITLE NAME STREET ADDRESS CITY-ST-ZIP				DATE	
8. TITLE NAME STREET ADDRESS CITY-ST-ZIP				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.2 NAME	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.3 STREET ADDRESS	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.4 CITY-ST-ZIP	
13. TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.2 NAME	
15. TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.3 STREET ADDRESS	
16. TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.4 CITY-ST-ZIP	
17. TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.2 NAME	
19. TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.3 STREET ADDRESS	
20. TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.4 CITY-ST-ZIP	
21. TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.2 NAME	
23. TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.3 STREET ADDRESS	
24. TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.4 CITY-ST-ZIP	
25. TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
26. TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.2 NAME	
27. TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.3 STREET ADDRESS	
28. TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.4 CITY-ST-ZIP	
29. TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
30. TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.2 NAME	
31. TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.3 STREET ADDRESS	
32. TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.4 CITY-ST-ZIP	

**SIGNATURE:**

CR2E034 (9/96)