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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

## Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)L76605 B.H. PROPERTY MANAGEMENT (U.S.), INC. Principal Place of Business Mailing Address **% ROBERT J. CARR** % ROBERT J. CARR 5750 MIDNIGHT PASS RD 710 E SARASOTA FL 34236 5750 MIDNIGHT PASS RD 710 E SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/25/1990 2, Principal Place of Business 2e. Mailing Address Applied For NOT APPLICABLE 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes Who Zip Country Zip Country 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CARR, ROBERT J. **1819 MAIN STREET** Street Address (P.O. Box Number is Not Acceptable) **SUITE 1100** 63 SARASOTA FL 34238 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change 1.1 TITLE TITLE BRUCHAL, JOHN J. NAME 12 NAME 5750 MIDNIGHT PASS RD. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME HANSEN, POUL 2.2 NAME STREET ADDRESS 50 BURNAMTHORPE RD.#603 2.3 STREET ADDRESS MISSISSAUGA, ONTARIO CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETÉ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

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(\$)(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 signisture shall have the jame 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:

SIGNATU

4.4 CITY-ST-ZIP

5.3 STREET ADORESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE: JOHN

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

Addition

Addition

Change

☐ Change

FILED

Mar 18 1998 8:00am