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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

FILED Apr 10 1998 8:00am Secretary of State

	B.S. TECH	INOLOGIES, INC	•							
Principal Plac	ce of Busines	95	Ma	iling Address						/II
912 S.W. 10			9	12 S.W. 101 TERRACE	<u>:</u>					
PEMBROKE PINES FL 30025 PEMBROKE PINES FL 330					33025			DO NOT WEITE IN THE OF		
ł								DO NOT WRITE IN THIS SE 3. Date Incorporated or Qualified	ACE.	
								06/16/1988		
2. Principal f	Place of Busi	ness	2a.	2a. Mailing Address				4, FEI Number	I Ar	pplied For
21			26	26				65-0056883		ot Applicable
Suite, Apt	. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22			27					Certificate of Status Desired	Fee Re	equired
City & State			\vdash	City & State				6. Election Campaign Financing		May Be
Zip		Country	28	Zip	1 6	ountry		Trust Fund Contribution		to Fees
24		25	29	τih	30	ountry		8. This corporation owes or has paid the curre Personal Property Tax due June 30.		tanpible No
[-7]	9, Name	and Address of Curi		ered Agent	<u> </u>	1		10. Name and Address of New Registered Ag		7 140
K	ASPER, ER					81	Name		<u>,</u>	
912 SW 101 TER							Direct Andrew	(0.0 p. 14)		
		PINES FL 33025				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
						83				
						84	City		er Zin	Code
								FL.)	
11. Pursuant	to the provis	sions of Sections 607.0	1502 and 60	17.1508, Florida Statut	tes, the	above	-named corp	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoi	hanging it	s registered
agent. I a	am familiar w	ith, and accept the ob	ligations of,	Section 607.0505, FI	lorida St	atutes	ilie corporat i.	nors board or directors, thereby accept the appoin	mment as	registered
SIGNATURE										
12.	Signature, typed	or printed name of registered OFFICERS A					nt signature requir	red when reinstaling) DATE		
TITLE	P	OFFICENSE	IND DIREC	DELETE	13	TITLE		ADDITIONS/CHANGES TO OFFICERS AND I	Change	Addition
NAME	KASPE	r, eric				NAME			Overligo	Addition
STREET ADDRESS 912 S.W. 101 TERRACE							ADDRESS			
CITY-ST-ZIP	PEMBR	OKE PINES FL 330	25		•	CITY-ST	- 1			
TITLE										
NAME	-			☐ DELETE	2.1	TITLE		E	Change	Addition
STREET ADDRESS	1			L DELETE		title Name		L	Change	☐ Addition
				L. DELETE	2.21	NAME	ADDRESS	2% <u>2</u> °	Change	Addition
CITY-ST-ZIP					2.21	NAME			Change	Addition
TITLE	-			DELETE	2.21 2.33 2.4	name Street /		194 g '	Change	Addition
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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.