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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19173 (6)

1. Corporation Name
BCCPFF HOLDING COMPANY, INC.



Principal Place of Business: 1501 S. ANDREWS AVENUE FT. LAUDERDALE FL 33316
Mailing Address: 1501 S. ANDREWS AVENUE FT. LAUDERDALE FL 33316-2507

3. Date Incorporated or Qualified: 02/10/1987
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0095040
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
PRIOR, PETE
848 ORCHIO DR
PLANTATION FL 33317

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DP [] DELETE
NAME NAPOLITANO, TONY J.
STREET ADDRESS 5443 N.W. 107TH AVE.
CITY-ST-ZIP CORAL SPRINGS FL 33076
TITLE DS [] DELETE
NAME BENEVIDAS, JOE VP
STREET ADDRESS 4315 GARFIELD ST
CITY-ST-ZIP HOLLYWOOD FL 33021
TITLE DT [] DELETE
NAME NOLAND, HOWARD
STREET ADDRESS 325 SE 3RD TERR.
CITY-ST-ZIP DEERFIELD BEACH FL
TITLE DT [] DELETE
NAME PRIOR, PETER
STREET ADDRESS 848 ORCHID DR
CITY-ST-ZIP PLANTATION FL
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter Prior* 1/13/97 954-768-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036435

CR2E037 (9/96)