FILE NOW: FILING FEE IS \$61.25

Apr 22 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6)N19173 BCCPFF HOLDING COMPANY, INC. Principal Place of Business Mailing Address 1501 S. ANDREWS AVENUE FT. LAUDERDALE FL 33316 1501 S. ANDBEWS AVENUE 3. Date incorporated or Qualified FT. LAUDERDALE FL 33316 02/10/1987 4. FEI Numbe Applied For 65-0095040 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 3800 INVERRARY Blud 5. Certificate of Status Desired Same Fee Required 26 Suite, Apt. #, etc \$5,00 May Be 6. Election Campaign Financing 27 Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? LAUDERHILL Yes No 28 Country Country Zip B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name PRIOR, PETE Street Address (P.O. Box Number is Not Acceptable) 848 ORCHIO DR **PLANTATION FL 33317** 83 City 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, typod or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE NAPOLITANO, TONY J.. NAME 1.2 NAME 5443 N.W. 107TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33076** CITY-\$T-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE BENAVIDES NAME BENEVIDAS, JOE VP 2.2 NAME 4315 GARFIELD ST STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition | 3.1 TITLE Change TITLE NOLAND, HOWARD 3.2 NAME NAME 325 SE 3RD TERR. STREET ADDRESS 3.3 STREET ADDRESS **DEERFIELD BEACH FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TOLE PRIOR PRIOR, PETER 4 2 NAME NAME 848 ORCHID DR 4.3 STREET ADDRESS STREET ADDRESS 33317 **PLANTATION FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE __ Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 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(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 eath; 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 changes, or or an attachment with an address.

POWER NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED