

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/10/1987
4. FEI Number 65-0095040
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 3800 INVERRARY Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 SAME Suite, Apt. #, etc.
22 203 City & State	27 LAUDERHILL FL City & State
23 LAUDERHILL FL City & State	28 City & State
24 33319 Zip	25 Country
29 Zip	30 Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPOLITANO, TONY J..	1.2 NAME	
STREET ADDRESS	5443 N.W. 107TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL 33076	1.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEVIDAS, JOE VP	2.2 NAME	BENAVIDES
STREET ADDRESS	4315 GARFIELD ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33021	2.4 CITY - ST - ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAND, HOWARD	3.2 NAME	
STREET ADDRESS	325 SE 3RD TERR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	3.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIOR, PETER	4.2 NAME	PRIOR
STREET ADDRESS	848 ORCHID DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	4.4 CITY - ST - ZIP	33317
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: Pete Prior **3/9/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)