2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005288



FILED Apr 12, 2004 8:00 am Secretary of State

BESS DEVELOPMENT CORPORATION OF SOUTH FLORIDA, INC.						04-12-2004 90243 044 ****70.00					
2275 WEST 5TH WAY 2		2275	Mailing Address 2275 WEST 5TH WAY HIALEAH, FL 33010			1 1881) B B B 18181	18111 88 111 88 112 81	_	3035 		
2. Principal Place of Business 3. Ma		3. Mailir	Mailing Address								
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			04062004 Chg-NP CR2E037 (10/03)					
City & State		City	& State			4. FEI Number Applied For Not Applicable				t Applicable	
Zip	Country	Zip	·	Country		5. Certificate of St	atus Desired	\$	8.75 Add ee Required	itional	
·	6. Name and Address of Currer	nt Registered	Agent			7. Name and Add	ress of New	Registered Ag	ent		
HYMES, MELVIN E 5341 45 ST. WEST PALM BEACH, FL 33407					Name Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code	Э	
	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age			registered office or				DATE			
	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		Make check porida Departn			
10. TITLE NAME	OFFICERS AND D HYMES, MELVIN E	DIRECTORS	☐ Delete	11. TITLE NAME	,	ADDITIONS/CHANG	ES TO OFFIC		CTORS IN	Addition	
STREET ADDRESS CITY-ST-ZIP	5341 45 ST. WEST PALM BEACH, FL 33407			STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, SAMUEL 18810 NW 48TH CT MIAMI, FL 33055		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D -JOHNSON, ANNIE R 2240 W LASHAE (6TH) CT HIALEAH, FL 33010		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	·				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWENS, JAMES 17940 NW 52ND AVE MIAMI, FL 33055		☐ Delete	TITLE NAME Street Address City-St-Zip					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURDGESS, SHIRLEY 565 WEST 24TH ST HIALEAH, FL 33010		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				!	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, HELEN 170 ALBATROSS ST MIAMI SPRINGS, FL 33166		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANY E SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR