## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** P93000009182 (5)

BPG INVESTMENTS INC

	LO (MILITIO, 1110)					
Principal Place	of <b>Bus</b> iness	Mailing A	Address			8 (8)81 11881 18118 1183 1881
4025 TAMPA RO SUITE 1109 OLDSMAR FL 3		P.O. BOX OLDSMAR US	1639 R FL 34677		DO NOT WRITE IN THIS 8	PACE
US 					Date incorporated or Qualified     02/01/1993	
2. Principal Pl	ace of Business	2a. Mailir	ng Address		4. FEI Number	Applied For
21		26			59-3185019	Not Applicable
Suite, Apt.	#, etc.	Suite 27	, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City &	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		<b></b>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Country	8. This corporation owes or has paid the curren	
24	25	29	<del>- :</del>	30]		Yes No
	9. Name and Address of Curr	ent Registered	Agent	B1 Name	10. Name and Address of New Registered Ag	ent
	WORP, ROBERT E			UT IVAILIE		
1240 CLAYS TRAIL				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
OLDSMAR FL 34677				83		
				*3		
				84 City	FL	85 Zip Code
11. Pursuant office or r	to the provisions of sections 607.0 registered agent, or both, in the St	502 and 607.150 ate of Florida. Su	<ol> <li>Florida Statut ch change was</li> </ol>	es, the above-named corporate authorized by the corporate	oration submits this statement for the purpose of chan ion's board of directors. I hereby accept the appointn	ging its registered nent as registered
	am familiar with, and accept the ob	ligations of, secti	on 607,0505, Fi	lorida Statutes.		
SIGNATURE.	Signature, typed or printed name of registered t	ment and title if applical	bie. (h	OTE: Registered Agent signature red	pulred when reinstating) DATE	
12.		AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	Ď		DELETE	1.1 TITLE		Change Addition
NAME	VAN WORP, ROBERT E			1.2 NAME		
STREET ADDRESS	3505 TARPON WOODS BLVI	)		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685			1.4 CITY-ST-ZIP	<u></u>	
TITLE	D		DELETE	2.1 TITLE	T.	Change Addition
NAME	WEISS, PATRICIA A			2.2 NAME		
STREET ADDRESS	3505 TARPON WOODS BLVI	)		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685			2.4 CITY-ST-ZIP		
TITLE			DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>			3.4 CITY-ST-ZIP		
TITLE			DELETE	4.1 TITLE		Change Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE			DELETE	5.1 TITLE	L_	Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		1
TITLE			DELE <b>TE</b>	6.1 TITLE	L	Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP	194-81 - 44 14 12-	Sat. Al. La Ellin, and		6.4 CITY-ST-ZIP	ction 119.07(3)(i). Florida Statutes, I further certify tha	A Ab - f-f-e

SIGNATURE:

I nereby 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 cath; that I am an officer or director of the corporation or the redsliver 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 changes, or in an attrictment with an address.

IGNATURE:

**FILED** 

Aug 19 1998 8:00am

Secretary of State