FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 12 1998 8:00am

Secretary of State

DOCUMENT # P93000009726 (9)

1. Corporatio	n Name			1	
BHCOA	STAL DEVELOPMENT, INC.				
				1 (1001) 1000 (1001) 1000	1 AASTI AASTI AASTA TAUTI JAATA 1921A ASTI 1931
51. 1. 151	10				
Principal Plac		Mailing Address			
4100 CORPORATE SQUARE BLVD. 4100 CORPORATE SQUARE BI #125 #125			RE BLVD.	}	
NAPLES FL 34104 NAPLES FL 34104				DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date incorporated or Qualifie	·d
9 Principal P	lace of Business	2a. Mailing Address		02/02/1993 4. FEI Number	La - that Ca-
	Trade Center Way		ede Center 1	**	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, etc.		j)	\$8.75 Additional
22 Su	ite 2	27 Suite 2	<u></u> _	5. Certificate of Status Desired	Fee Required
City & State City & State			6. Election Campaign Financing		
23 <u>) </u>	Country	28 Naplos	Country	Trust Fund Contribution	Added to Fees
24 3410		34109	30 () () () () ()		paid the current year Intangible une 30.
	9. Name and Address of Current R		L Col (CE)	10. Name and Address of New	
JOHNS, RANDY BI Name Johns Randy					
				ddress (P.O. Box Number is Not Accer	otable)
#125			le Irade l'enter	men sure of	
NA:	PLES FL 34104		03		
			84 City	dados Fl.	FL 85 Zip Code 3(1)(9)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register 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 register					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature typed or profed name of registered agent and total approator (NOTE Registered Agent signature required whom reinstating) DATE					
12.	OFFICERS AND E	· · · · · · · · · · · · · · · · · · ·	13.		FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	J OHNS, RAND Y L		1.2 NAME		
STREET ADDRESS	4100 CORPORATE SQUARE BLV	VD.	1.3 STREET ADDRESS	1786 Trade Center	
CITY-ST-ZIP	NAPLES FL 34104	DELETE	1.4 CITY - ST - ZIP	Naples F1 34109	Change Addition
TITLE NAME	ST Stramaglia, Frank	☐ DELETE	2.1 TITLE 2.2 NAME		Change L Addition
STREET ADDRESS	4100 CORPORATE SQUARE BL	VD.		1786 Torda Cardon	my Site 2
CITY-ST-ZIP	NAPLES FL 34104	•••	2 4 CITY-ST-ZIP	1786 Trade Center 1 Naples F1 34	109
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-S1-ZIP		Change Addition
TITLE NAME			4 1 TITLE 4 2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE.	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME OTREET ADARGES			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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