## 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

DOCUMENT # P93000025899 (4)

BDPI	BUSINESS DEVELOPMENT	PREMIUMS, INC.		 	
Principal Plac	ce of Business	Mailing Address			AL OBARO FIRME ORANI ADARO JOHO ADA MOR
1440 CORAL RIDGE DR.		1440 CORAL RIDGE DI	ıR.	·	
346		346		DO MOT MIDITE IN	
CORAL SPRINGS FL 33071		CORAL SPRINGS FL 3	J307f	DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	
9 Principal F	Place of Business	2a. Mailing Address		04/08/1993 4. FEI Number	Applied For
21 Principal r	TROP OF CHAINCES	26. Walling Address		65-0405185	Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			- CO 75 A-14951
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	_ · _ ·
24	25	29	30	Personal Property Tax due June 30	
ļ <u>-</u>	9. Name and Address of Curren	nt Registered Agent	04 Name	10. Name and Address of New Region	stered Agent
MILLER, JOSEPH			81 Name		
	11229 W ATLANTIC BLVD			ress (P.O. Box Number is Not Acceptable	
1	NPT 303		83 11646	NW 13th MANON	<u>e                                      </u>
۱ ۱	CORAL SPRINGS FL 33071		03		
			84 City		85 Zip Code
44 Pursuant	to the provisions of Socilians 607 050	12 and 607 1508. Florida Statu	too the above named core	AL SORINOS	FL 33071
office or	registered agent, or both, in the State	of Florida. Such change was	authorized by the corporat	poration submits this statement for the pur tion's board of directors. I hereby accept t	the appointment as registered
	am temiliar with, and accept the obliga	ations of, Section 607.0505, in	orida Statutes.		1.0/10
SIGNATURE	Aprillure, turied or printed name of registered age	ent and title if applicable (NO1	TE: Registered Agent signature require	red when reinslating)	18/98 DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	☐ DELETÉ	1.1 TITLE		Change Addition
NAME	MILLER, JOSEPH		1.2 NAME		
STREET ADDRESS	11229 W ALANTIC BLVD, 30	03	1.3 STREET ADDRESS	1642 NW 13th MA	NOR
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP	<b></b>	DELETE.	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		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ octtir	4.1 TITLE		☐ Change ☐ Addition
NAME GENERAL ADDOCCO			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Andrew	☐ Change ☐ Addition
NAME		DECEN	5.2 NAME		Li Onange Li rection
STREET ADORESS CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	···	Change Addition
NAME		LJ beetie	6.2 NAME		C Onange C Mounton
STREET ADDRESS			6.3 STREET ADDRESS		
CHY.ST. 7IP			6.4 CITY - ST 7IP		

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

CICALATURE.

huner Mille

1/18/98 954.255.21414

**FILED** 

Mar 17 1998 8:00am

Secretary of State