Mailing Address

1440 CORAL RIDGE DR.

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000025899

1. Corporation Name

Principal Place of Business

1440 CORAL RIDGE DR.

BDPI BUSINESS DEVELOPMENT PREMIUMS, INC.

346 CORAL SPRINGS FL 33071		346 CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
	·	_			04/08/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		oplied For
21		26		65-0405185		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
22		27			3		
City & State		City & State	City & State		6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	, · -		8. This corporation owes the current year Inta		ØNo
24	25			Personal Property Tax. Yes SNo 10. Name and Address of New Registered Agent			
	9. Name and Address of Currer	t Registered Agent	81	Name	10. Name and Address of New Registered	(gent	
0.881 1 1	י ומפכטע		**	Name			
	er, Joseph 2 NW 13th Manor		82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
CUR	AL SPRINGS FL 33071		83				
			84	City		85 Zip	Code
		_	1	-	<u> </u>		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	e-named cor	poration submits this statement for the purpose of o ion's board of directors. I hereby accept the appoin	changing its	s registered
office or re agent, I a	egistered agent, or both, in the State in familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statutes	,	ions poard of directors. Thereby accept the appear	tarront do re	giotal
	Susish Mille	<u>ノ</u>			.2/19	199	}
SIGNATURE	Story ture, types or printed name of registered age	nt and title if applicable. (NOTE: R	egistered Agei	nt signature requir	red when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	(DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MILLER, JOSEPH		1.2 NAME				
STREET ADDRESS	11642 NW 13TH MANOR		1.3 STREE	T ADDRESS			1
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME	•		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			1
CITY-ST-ZiP			2. 4 CITY-S	ST-71P	·		ļ
TITLE		_ □ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME		-	3.2 NAME				Ì
STREET ADDRESS				T ADDRESS			l
			3.4. CITY-5				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	<u>,,,-21</u>		Change	☐ Addition
NAME	·	_	4. 2 NAME				
STREET ADDRESS				TADDRESS			
			4.4 C/TY-S				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	11-435		☐ Change	☐ Addition
		~	5.2 NAME			_ •	f
NAME				T ADDRESS			Į
STREET ADDRESS			5.4 CITY-S	1			ļ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	-		Change	Addition
TITLE		[7] perè le	6.2 NAME			الواسدات رين	
NAME				T 4000E00			
CTDEET ADDRESS			■ 0.3 STKEE	T ADDRESS \			4

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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90100 018 ***150.00