


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

FILED

Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000057821 (9)			
1. Corporation Name BF & GF ENTERPRISES, INC.			
Principal Place of Business 1105 GRANADA AVE. HOLLY HILL FL 32117		Mailing Address 1105 GRANADA AVE. HOLLY HILL FL 32117-2414	
2. Principal Place of Business 21 212 LONE PINE DR		2a. Mailing Address 26 212 LONE PINE DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State 23 EDGEWATER, FL		City & State 28 EDGEWATER, FL	
Zip 24 32132		Zip 29 32132	
Country 25 USA		Country 30 USA	
9. Name and Address of Current Registered Agent FAGAN, GEORGE B 1105 GRANADA AVE. HOLLY HILL FL 32117		10. Name and Address of New Registered Agent 81 Name WILLIAM FAGAN 82 Street Address (P.O. Box Number is Not Acceptable) 212 LONE PINE DR. 83 84 City EDGEWATER FL 85 Zip Code 32132	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: <i>William Fagan</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FAGAN, GEORGE B <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1105 GRANADA AVE.	1.2 NAME	
STREET ADDRESS	HOLLY HILL FL 32117	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAGAN, WILLIAM	2.2 NAME	WILLIAM FAGAN
STREET ADDRESS	212 LONE PINE DRIVE	2.3 STREET ADDRESS	212 LONE PINE DR.
CITY - ST - ZIP	EDGEWATER FL	2.4 CITY - ST - ZIP	EDGEWATER, FL 32132-2024
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I do 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. SIGNATURE: <i>William Fagan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTON FILING #			

CR2E034 (9/96)