FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

P93000061028 (5)

DOCUMENT #

B.S.G.L.	ENTERPRISES,	INC.



758 SUN TOP EN BOYNTON BEACH FL 33436			758 SUN TOP LN BOYNTON BEACH FL 33436			
					3. Date incomprated or Qualified 08/27/1993	3a. Date of Last Recort 07/14/1995
	rincipal Place of Business	2a. Mailrig A	Address		4. FEI Number 65-0430884	Applied For
21		26			03-0430004	Not Applicable
22 22	uite, Apt. #, etc.	Suite Ap	ot. #, etc		5. Certificate of Status Desired	See Required
[0	Sity & State	City & Si	tate	•	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Z)	·	Z _I ρ	h n	ountry	8. This corporation has liability for in	
24	9. Name and Address of Cur	29	30		Florida Statutes Yes 10. Name and Address of New Re	
	SANTERRE, BRIGITTE 758 SUN TOP LN BOYNTON BEACH FL 33436			81 Name 82 Street Add	oress (P.O. Box Number is Not Acceptable	·)
	DOTITION BEACHTE 30430			63		
				84 City		FL 85 Zip Code
,	Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of F familiar with, and accept the obligations of, S VATURE	forida. Such changen	was authorized by the	bove named corp: e corporation's boa	pration submits this statement for the purpor and of directors. Thereby accept the appor	iose of changing its registered office intriient as registered agent. Lain
3101	Signature, typed or printed name of registered a		(NOTE Registe	red Agert signatur: requi	ed when renshiring	DAIŁ
12.	OFFICERS	AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC	
THLE	SANTERRE, BRIGITTE	L		THE		Change 🗀 Addition
NAME	758 SHN TOP IN			NAME		
	ROYNTON REACH EL 30	3436		STREET ADDRESS		
CITY - :	SI-ZIP VP			1 (III Y - ST - 71P		Change Addition
NAME	LAROCHELLE, GUY			MAME		
	TADDRESS 758 SUNTOP LN					
	ST-2IP BOYNTON BCH FL 3343	16		ESTREET ADORESS LODY - ST- 7IP		
TITLE	31-(11			1 TITLE		Change Addition
NAME				? NAME		
	.T AODRESS			STREET ADDRESS		
	ST-ZIP			1 CHIV - ST-7IP		
TITLE			and the second of the second o	1 file		Change Addition
NAME			4.2	? NAME		
STREE	T ADDRESS		43	STREET ADDRESS		
CHTY - :	ST-ZiP		4.4	LCHY+ST-ZIP	<u> የሰበበበ ነም</u>	17007
TITLE			DELETE 5	1 fille	7000017 <u>5</u> -04/29/96010	8134Change Addition
NAME			5.2	MAME	***200.00	
STREE	T ADDRESS		5.3	STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119 67(3)(k). 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 of the preciver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

54 CHY+ST-ZIP

6 4 CITY - ST - ZIP

6-1 H(£ 6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS CITY - ST - ZIP

TITLE

DELETE

Change

Addition

CR2E034 (12/95)