SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

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PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000037213 (3)**

1. Corporation Name
BC MANAGEMENT OF NEW SMYRNA BEACH, INC.

Principal Place of Business	Mailing Address
719 THIRD AVENUE NEW SMYRNA BEAACH FL 32169	719 THIRD AVENUE NEW SMYRNA BEAACH FL 32169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 59-3248326 — ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fee
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~REVIS, JOHN C~~
~~648 SOUTH RIDGEWOOD AVE.~~
~~DAYTONA BEACH FL 32114~~

10. Name and Address of New Registered Agent

81 Name: CYNTHIA FERRARO
82 Street Address (P.O. Box Number is Not Acceptable): 719 THIRD AVENUE
83:
84 City: NEW SMYRNA BEACH — FL — 85 Zip Code: 32169

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: Cynthia Ferraro — CYNTHIA FERRARO/SECRETARY — (904) 424-9173
Signature of new or prior registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KLAUS BORNHOLDT	12 NAME	
STREET ADDRESS	719 THIRD AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	RENE CHARPENTIER	22 NAME	
STREET ADDRESS	719 THIRD AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CYNTHIA FERRARO	32 NAME	
STREET ADDRESS	719 THIRD AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	NEW SMRYNA BEACH, FLA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	ULRIKE BISHOP	42 NAME	
STREET ADDRESS	719 THIRD AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] KLAUS BORNHOLDT JUNE 23, 1995 (904) 424-9173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001004 CP