

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 AM 10: 07

DOCUMENT # **P94000058559 (3)**

BP HOSPITALITY MANAGEMENT, INC.

Principal Place of Business: **333 SW 4TH AVE BOCA RATON FL 33432**
Mailing Address: **333 SW 4TH AVE BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date of operation or valuation: 08/09/1994	3a. Date of Last Report
4. FIC Number: 65-0509355	Applied Fee: \$8.75 Additional Fee Required
5. Certificate of Status Desired: <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	
7. The corporation has liability for intangible tax under Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Previous Filing of Statements	2a. Mailing Address
21. State: April 1995	26. State: April 1995
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
30. City & State	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAZARUS, DAVID M % DAVID M LAZARUS ESQ 1815 GRIFFIN RD SUITE 403 DASNIA FL 33004		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. State: FL	B5. Zip Code

11. Pursuant to the provisions of Sections 607.01(1)(c) and 607.01(2)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such a 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 Sections 607.01(2)(b) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME: P PELLI, TOM	ADDRESS: 333 SW 4TH AVE BOCA RATON FL 33432	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: V BRIZEL, ALAN	ADDRESS: 333 SW 4TH AVE BOCA RATON FL 33432	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ST BRIZEL, ROBERT	ADDRESS: 333 SW 4TH AVE BOCA RATON FL 33432	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	23. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	24. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	26. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	27. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	28. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	29. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	ADDRESS:	30. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the non-reporting status stated in Section 607.01(2)(b) Florida Statutes. I hereby certify that the information indicated on this annual report is complete and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and the name of the corporation was verified to comply with the report as required by Chapter 607 Florida Statutes, and that my name appears on the Florida Department of State's annual report.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 407-80-7111