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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P94000072550 (4)**

1. Corporation Name
BC MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
220 E MADISON ST #1101 TAMPA FL 33602 US	PO BOX 26501 TAMPA FL 33623-6501 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1994

2. Principal Place of Business	2a. Mailing Address
21 Street Address: 3003 W. Stovall Street	26 Street Address: 3003 W. Stovall Street
22 Suite, Apt. #, etc.: -	27 Suite, Apt. #, etc.
23 City & State: Tampa, FL	28 City & State: Tampa, FL
24 Zip: 33629 25 Country: Hillsborough	29 Zip: 33629 30 Country: Hillsborough

4. FEI Number: 65-0525520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BENSONOFF, LEONARD 6312 NEWTON CIRCLE, #A4 TAMPA FL 33615	81 Name: Leonard Bensonoff 82 Street Address (P.O. Box Number is Not Acceptable): 3003 W. Stovall Street 83 84 City: Tampa FL 85 Zip Code: 33629

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: [signature] / Leonard Bensonoff / President 3/17/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-designating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BENSONOFF, LEONARD 6312 NEWTOWN CIRCLE, #A-4 TAMPA FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 3003 W. Stovall Street Tampa, FL 33629
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS CONNEELY, SEAN R. 4015 BAYSHORE BLVD, 16-F TAMPA FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 1511 1/2 S. Bay Villa Place Tampa, FL 33629
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition A. Allen
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 3/25/98

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-04/01/98--01085--016
****300.00 ****150.00

CR2E034 (10/97)

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.

SIGNATURE: [signature] 3/17/98 (813) 832-8000