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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

P94000073071 (0)

BCF, INC.

1. Corporation Name

BOF, IN									
Principal Place of Business Mailing Address  2174 NW HARRIS AVE SUITE 5 PALM RAY FL 32905 PALM BAY FL 32905									
PALM BAY FL 32905 US		US				3. Date Incorporated or Qualified 09/28/1994	3a. Date of Last Report 03/23/1995		
2. Principal Place of Business		2a. Mailin	a. Mailing Address			4. FEI Number Applied For 59-3279958 Not Applied by Not Applied Applied For Not Applied Page 1995 Applied For Not Applied For			·
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State			City & State		Election Campaign Financing     Trust Fund Contribution		S5.00 May Be Added to Fees		
Zip - Zip	Country 25	Zip 29	3(	Country		This corporation has liability for intangible tax under s. 199.032,     Florida Statutes Yes No.			
	9 Name and Address of C		Agent	- <del>1</del> Ţ		10. Name and Address of New	Registered	d Agent	
	Y			81	Name				
SPIRA, JACK B 5205 BABCOCK STREET, N.E. PALM BAY FL 32905					82 Street Address (F.O. Box Number is Not Acceptable) 83				
				84	City		F	L 85 Zip	Code
or registered familiar with,	the provisions of Sections 607 I agent, or both, in the State o , and accept the obligations of			the above by the corp	named corpo poration's bo	pration submits this slatement for the pr and of directors. Thereby accept the ap	urpose of c pointment a	hanging its r as registered	egistered offi agent. I am
SIGNATURE _ si	gnature, typed or printed name of registers	d agent and title Tapplicable	(NOTE: F	Hegis ered Agr	nt signature requi	ren when remstaling)	DATE	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECTO	RS IN 12 Addition	
TITLE				1 1 11"LE				Unange	[] Modulo
NAME	SMITH, BRYAN F			1.2 NAME					
STREET ADDRESS	774 MALIBU LANE			1.3 STREE	1 ADORESS				
CITY ST-ZIP	INDIALANTIC FL 3290	3		1.4 CITY -	S1-7IF				
TILLE	D		☐ DEFE16	2 1 THUE				Change	Addition
NAME .	Sutton, fred e			2.2 NAME					
STREET ADDRESS	2174 HARRIS AVENUE	e, suite 5		23 STREE	1 ADDRESS				
CITY - ST - ZIP	PALM BAY FL 32905			2.4 CITY -	ST-ZIP				_ ==
THEF	D		DELETE	3 1 1111				Change	Add tio
NAME	SUTTON, FRED C			3.2 NAM6	:				
STREET ADDRESS	2174 HARRIS AVENU	E, SUITE 5		33 SIN	ET ADDRESS				
C/1Y S1-Z/P	PALM BAY FL 32905			3.4 CITY	ST-7P				
11 <sup>1</sup> LF			□ DELETE	4, 1 TiTe				Change	Additio
NAME				4.2 NAM					
Light College				-	1				

14. If 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)(k), Florida Statutes. If 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, Fixrida Statutes, and that my name appears in Block 12 or Block 3 if changed, or on a attachment with an address. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CiTY-ST-Z-P

5 4 CITY - S1 - 7IP

63 STREET ADDRESS

5 1 111LF

5.2 NAME 5.3 STHEET ADDRESS

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ACORESS

STREET ADDRESS

CITY-ST ZIP

CHY-ST-ZIF

THLE

TILLE

NAME:

OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Daytone Phone #

[] Change

Change

☐ Addit-on

Addition