

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000003102 (7)

1. Corporation Name

BPC SERVICES, INC.



Principal Place of Business

5434 W. SAMPLE RD.  
SUITE 529  
MARGATE FL 33073

Mailing Address

5434 W. SAMPLE RD.  
SUITE 529  
MARGATE FL 33073

2. Principal Place of Business

2a. Mailing Address

21 5262 NW 31ST ST

26 5262 NW 31ST ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MARGATE, FL 3

28 MARGATE FL

Zip

Country

Zip

Country

24 33063

25

29 33063

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/11/1995

3a. Date of Last Report

4. FEI Number

65-0554076

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 has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

MURPHY, RICK L  
2855 UNIVERSITY DRIVE  
SUITE 110  
CORAL SPRINGS FL 33065

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BERRY, WILLIAM P  
STREET ADDRESS 5262 N.W. 31ST STREET  
CITY-ST-ZIP MARGATE FL 33063

TITLE D ☐ DELETE  
NAME PARKER, NORMAN E  
STREET ADDRESS 8009 N.W. 71ST COURT  
CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☒ DELETE  
NAME CORRIVEAU, YVON P  
STREET ADDRESS 5947 TRIPHAMMER RD.  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1555 SPRING HARBOR DR RT R  
DELRAY BEACH, FL 33445

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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM P BERRY 4/22/96 904-966-2278

CR2E034 (12/95)