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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000015207 (0)

BCH DEVELOPMENT, INC.

Pr	incipa	il Plac	e of	Business
22	HAU	AND	AVE	

Mailing Address

23 HIGHLAND AVE

FILED Apr 18 1997 8:00am Secretary of State



LEGION ACRES PL 33930		region woked tr	LEGION ACRES PL 33900-0909						
						3. Date Incorporated or Qualified 02/23/1995	3a. Dale 04/29/		Report
2. Principal P	lace of Business	h ····n	2a. Mailing Address			4, fEl Number		Applied Fo	
21		26				65-0593613			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt #,	etc.			5. Certificate of Status Desired			Additional equired
City & Stat	e	City & State		,		6. Election Campaign Financing		\$5.00	May Be
23		28	p :			Trust Fund Contribution			to Fees
Zip	Country	- Zφ	P10.0	Country	ý	8. This corporation has liability for it			. 199.032.
24	25	29	30	·] Yes 🛄		
	9. Name and Address of Curren	it Hegistered Agent		81	Name	10. Name and Address of New Rec	istered Ag	ent	
	KERSON, BEVERLY C			81 Name					
	IIGHLAND AVE				82 Street Address (P.O. Box Number is Not Acceptable)				
LEHI	GH ACRES FL 33936			83				*	
				84	City		FL	85 Zip	Code
11. Pursuant	to the previsions of Sections 607.050		la Statutes, the	I e abov	J e-named con	poration submits this statement for the pation's board of directors. Thereby accept		L nanging i	ts registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such chan-	ge was author	ized b	y the corpora	tion's board of directors. I hereby accep	t the appoin	itment as	registored
•		ancina on coordion con a	2000, 110110410	Junio	g.				
SIGNATURE	Signature types or presed name of registered age	of and title dapp gable	(NOTE: Regis	Ιατυό Αφ	ent signature reigo	ired wher reinstating)	DATE		
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFIC			IS IN 12
TITLE	D	[,] DE	LETE 1	11011	1		L] Change	Add:tion
NAME	HICKERSON, BEVERLY C		1.	2 NAME	}				
STREET ADDRESS	23 HIGHLAND AVE		1.	.3 STREE	LADORESS				
CITY-ST-ZIP	LEHIGH ACRES FL 33936			.4 011Y - 9	31-ZIP	. 17 *			
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STREET ADDRESS					ADDRESS				
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		C1 bti					L.	j Glianyt	€ Monitor
NAME				.2 NAME	IDDNICO				
STREET ADDRESS					ADDRESS				
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	t .	L. J DE			-		L.	1 Guarige	CT Mandial
NAME				.2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		والمراز والمستوري والرازي والمرازي	6.	4 CHY - 9	51 - 71P				

Too 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 frue 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 fusitive 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.