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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 17 1998 8:00am

ANNUAL REPORT			Secreta	Secretary of State SION OF CORPORATIONS				Secretary of State				
DOCUMENT # P95000028287 (7) B.F.H. ENTERPRISES, INC.												
Der et te	LITTER HISLS, INC.											
Principal Plac	e of Business	Mailir	ng Address	···				A NACINADA NA ADADA DANA BARNA DARA	i in diament			
3301 SOUTHWEST 17TH AVENUE 3301 SOUTHWEST 17TH OCALA FL 34474 OCALA FL 34474				AVENUE	IVEN UE			DØ NOT WRI		SPACE		
								 Date Incorporated or Qualified 04/06/1995 	d .			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		A,	oplied For	
Suite. Apt. #, etc.			26					59-3311624			ot Applicable	
22 Suite. Apt.	#, etc.	27	uite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & State	e		ty & State					6. Election Campaign Financing			May Be	
Zip	Country	28]	n	Cou	ntry	,		Trust Fund Contribution		Added		
24	25	29	P	30	,ı. y			 This corporation owes or has Personal Property Tax due Ju 			angible No	
	9. Name and Address of Curr		ed Agent					10. Name and Address of New		Agent		
HASKINS, ELIZABETH F						Name						
3301 SOUTHWEST 17TH AVENUE					62	Street A	ddres	s (P.O. Box Number is Not Accept	able)			
OCALA FL 34474					83							
				Į								
					84 City FI				_ 85 Zip (Code		
11. Pursuant office or reagent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607. te of Florida. igations of, Se	1508, Florida Statut Such change was a ection 607.0505, Flo	es, the ab authorized orida State	ove by	the corpo	corpor	ation submits this statement for the n's board of directors. I hereby acc	purpose of ept the ap	of changing it pointment as	s registered registered	
SIGNATURE								····	0.170	 	······································	
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTO		Hegislered	Age	nt signatura (required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	DIRECTOR	IS IN 12	
TITLE	D		DELETE	1,1 TIT	LE					Change	Addition	
NAME	HASKINS, ELIZABETH F			1.2 NA	ME							
STREET ADDRESS	3301 SOUTHWEST 17TH AVENUE			1.3 STREET ADDRESS								
CITY-ST-ZIP	OCALA FL 34474			1,4 C/T		T-ZIP						
TITLE			☐ DELETE	2,1 T∤T		1				Change	Addition	
NAME Street address				2.2 NAI		ADDRESS						
CITY+ST-ZIP				2.4 CR				*1	* 1		j	
TITLE		-1	DELETE	3.1 1(7)						Change	Addition	
NAME				3.2 NAJ	ME							
STREET ADDRESS				3.3 STF	EET /	ADDRESS						
CITY-ST-ZIP			T SCUETE	3.4. CH		T-ZIP				TT0	Telephone	
TITLE			DELETE	4.1 TITU		1				Change	Addition	
STREET ADDRESS				4. 2 NA 4.3 STE		ADDRESS						
CITY-ST-ZIP				4.4 CIT								
TITLE			DELETE	5.1 TITL						Change	Addition	
NAME				5.2 NA)	ME	}					ĺ	
STREET ADDRESS				5.3 STR	EET /	ADDRESS						
CITY-ST-ZIP			Doctre	5.4 CIT		T-ZIP			···	Channe	Applica	
TITLE			☐ DELETE	6.1 TITE		1				L. Change	Addition	
NAME STREET ADDRESS				6.2 NAM		ADDRESS					}	
STREET PURITIESS				0.0 011		HODINGS					i	

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.