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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000058353 (0)

1. Corporation Name
B H VENTURES, INC.



Principal Place of Business
2521 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

Mailing Address
2521 HOLLYWOOD BLVD
HOLLYWOOD FL 33020-8806

3. Date Incorporated or Qualified
07/28/1995

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

21 4415-4437 Hollywood Blvd

Suite, Apt #, etc.

22 City & State
HOLLYWOOD

23 Zip
33021

24 Country
BROWARD

2a. Mailing Address

26 3111 N. OCEAN DR.

Suite, Apt #, etc.

27 SUITE # 1107

28 City & State
HOLLYWOOD

29 Zip
33019

30 Country
BROWARD

4. FEI Number

65-0614149

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

9. Name and Address of Current Registered Agent

HAMPTON, SHARON
2521 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

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

3111 N. OCEAN DR. #1107

83

84 City

HOLLYWOOD

FL

85 Zip Code

33019

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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person named in 9. or 10. if registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME HAMPTON, SHARON
STREET ADDRESS 2521 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE VD
NAME BRAUN, DAVID F
STREET ADDRESS 2521 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME HAMPTON, SHARON
1.3 STREET ADDRESS 3111 N. OCEAN DR. #1107
1.4 CITY-ST-ZIP HOLLYWOOD, FL. 33019

2.1 TITLE VD
2.2 NAME BRAUN, DAVID F.
2.3 STREET ADDRESS 1601 PALM AVE
2.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33026

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

14. I do 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 and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

0127487

CR2E034 (9/96)