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 # 1. Corporation Name

P95000072699 (8)

BHOW	SE INN, INC.				
Principal Place o	f Business	Mailing Address			00/1/ 00/1/ 100/0 //0/0 //0/0 /0/10 /0/16 /0/1/ 10/1/ 10/1/
WINTER PARK FL 32792 WINTER F					
				09/18/1995	3a. Date of Last Report
2. Pring pal Plac	TILBERT ROAL	28. Meling Artiress 611	BERT ROAD	1-FEI Number 333 - 823	Applied For Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.	*	5. Certificate of Status Desired [\$8.75 Additional Fee Required
City & State	FR PARK FL.	28 WINTER	PARK FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Z₁D} 32792	Country 25 115	29 32792	Country 5	8. This corporation has liability for inta Florida Statutes Yes	ingible tax under s. 199.032,
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	istered Agent
MITOLIE	41 DED11DD 4		81 Name	MITCHELL BERN	(ARD A.
MITCHELL, BERNARD A 82 82				less (P.O. Box Number is Not reception)	1
	PARK FL 32792		83	I YILDEKI NY	BD
*****	1741K 1 L 02/82				
			84 City ((NTER KARK	FL 85 32792
or registered	the provisions of Sections 607.050 Lagent, or both, in the State of Flo and accept the obligations of, Sec	rda. Such change was authorized	the above named corpo by the corporation's boa	ration submits this statement for the purpoint of directors. Thereby accept the appoint	se of changing its registered office iment as registered agent. I am
SIGNATURE ,					
12.	grature. Typed or protect name of registered age OFFICERS, At	TRESTORIA (NOTE ND DIRECTORS	Fings detect Age of a greature require 13.	Division of States	DO AND DIDE OTODO IN 10
TITLE	D	DELETE		RESIDENT	Change Addition
NAME	MITCHELL, BERNARD A		1.2 NAME	MITCHELL BERNAM	'
STREET ADDRESS	≥ 644 GIBLERT RD.	•	L3 STREET ADDRESS	44 GILBERT ROAT)
CITY+SI-ZIP	WINTER PARK FL 32792		14 CHY+ST-ZIP	44 GILBERT ROAT	32792
TITLE		☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		;
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - 7iP		
TITLE		☐ DECETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	3 4 CiTY - ST - ZiP		F3 (442)
NAME		L. Detter	4 1 TiflE		Change 📑 Addition
STREET ADDRESS			4.2 NAME		
CHY-ST-ZIP			4.3 STHEFT ADDRESS 4.4 City Styzip		
TITLE		[] DELETE	5 1 T-TLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY - ST - ZIP		
THILE		☐ DELETE	6 1 THEF		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP			6 4 CITY - ST - ZIP		
certify that the oath; that I a	ie information indicated on this ani	nual report or supplemental annua	Freport is true and accura	or the exemption stated in Section 119.07 lite and that my signature shall have the sec s report as required by Chapter 607, Florid	ne legal effect as if made under

SIGNATURE:

appears in Block 12 or Blo