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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000088430 (0)

B G APARTMENTS, INC. Principal Place of Business Mailing Address C/O FIRST EQUITY GROUP C/O FIRST EQUITY GROUP

**FILED** May 04 1998 8:00am Secretary of State



2655 N OCEAN DR 3RD FLOOR 2655 N OCEAN DR 3RD FLOOR SINGER ISLAND FL 33404 SINGER ISLAND FL 33404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0674299 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 29 Yes 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEINBERG, JOE C/O FIRST EQUITY GROUP 82 Street Address (P.O. Box Number is Not Acceptable) 2655 N OCEAN DR 3RD FLOOR SINGER ISLAND FL 33404 83 City Zip Code 11. Pursuant office or 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered pt the obligations of, Section 607.0505, Florida Statutes. SIGNATUR 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition GOLDSTEIN, BRUCE 1.2 NAME 2655 N OCEAN DR 3RD FLOOR STREET ADDRESS 1.3 STREET ADDRESS SINGER ISLAND FL 33404 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2 1 TITLE Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Addition TITLE 6 1 TITLE 6 2 NAME NAME STREET ADDRESS **6.3 STREET ADORESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 the annual report or supplemental annual poort is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the confirmation or the received of using empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if physical control or or an area accurate.

SIGNATURE:

BRUCE GODSTEIN

561-863-6166