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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000000257 (1)**

1. Corporation Name
BVS 3 CORP.

Principal Place of Business	Mailing Address
~~619 PINELAND AVENUE~~ ~~BELLAIRE FL 34616~~	~~619 PINELAND AVENUE~~ ~~BELLAIRE FL 34616-1522~~

3. Date Incorporated or Qualified: 12/29/1995
3a. Date of Last Report: 07/03/1996

2. Principal Place of Business
21: 119 WoodCreek Dr.
22: Suite, Apt. #, etc.
23: City & State: Safety Harbor FL
24: Zip: 34695
25: Country:

2a. Mailing Address
26: 119 WoodCreek Dr.
27: Suite, Apt. #, etc.
28: City & State: Safety Harbor FL
29: Zip: 34695
30: Country:

4. FEI Number: 59-3359502 ☐ 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

~~REARDON, JANET C~~
~~10225 ULMERTON ROAD~~
~~SUITE 2~~
~~LARGO FL 34641~~
Vincent Stona
119 WoodCreek Dr. So.
Safety Harbor 34695

10. Name and Address of New Registered Agent

81 Name: Vincent A. Stona
82 Street Address (P.O. Box Number is Not Acceptable)
83: 119 WoodCreek Dr. So.
84 City: Safety Harbor FL 85 Zip Code: 34695

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	STONA, VINCENT		1.2 NAME	Vincent A. Stona	
STREET ADDRESS	619 PINELAND AVENUE		1.3 STREET ADDRESS	119 WoodCreek Dr. So.	
CITY-ST-ZIP	BELLAIRE FL 34616		1.4 CITY-ST-ZIP	Safety Harbor FL 34695	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: _____