

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000002484 (9)

1. Corporation Name
B.H.S., INC.



Principal Place of Business 7816 NIAGARA AVE. TAMPA FL 33617	Mailing Address 7816 NIAGARA AVE. TAMPA FL 33617-8374
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2. Principal Place of Business 21 3112 KENYON AVE. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 4111 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/04/1996		3a. Date of Last Report	
22 City & State 23 TAMPA, FL		27 City & State 28 SOUTH BEND IN		4. FEI Number 593363889		Applied For Not Applicable	
24 33614		25 Hillsborough		29 46634-3125		30 ST. JOSEPH	
9. Name and Address of Current Registered Agent SMITH, BRIAN 7816 NIAGARA AVE. TAMPA FL 33617				10. Name and Address of New Registered Agent 81 Name SMITH, BRIAN 82 Street Address (P.O. Box Number is Not Acceptable) 3112 KENYON AVE. 83 84 City TAMPA FL 85 Zip Code 33614			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees							
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BRIAN 7816 NIAGARA AVE. TAMPA FL 33617	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D BRIAN SMITH 3112 KENYON AVE. TAMPA FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: Brian A. Smith 4/27/97 219-299-0675

CR2E034 (9/96)