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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000012137 1. Corporation Name

Principal Place of Business Mailing Address S MILITARY TRAIL 11214 S MILITARY PRAIL 11211 5422 BOYNTON BEACH FL 33436 BOYNTON ÉACH FL 33436 US , 2a. Mailing Address 2. Principal Place of Business

FILED Mar 26, 1999 8:00 am **Secretary of State**

03-26-1999 90034 031 ***150.00

BG MARKETING ENTERPRISES, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/06/1996 4. FEI Number Applied For HADWICK COURT 26 1604 CHAPWICK Yourt 1604 C 65-0642842 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 tity & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees LAN Country This corporation owes the current year Intangible □No Personal Property Tax. ☐ Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GLASSGOLD, BARRY is Not Acceptable) 11211-S-MILITARY TRAIL 5422 BOYNTON BEACH FL 33436 85 Zip Code 84 -City 33/62 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. ☐ Addition (SZQELETE 1.1 TITLE ☐ Change TITLE NAME GLASSGOLD, BARRY 1.2 NAME STREET ADDRESS 14211_S_MILITARY_TRAIL #54522 1.3 STREET ADDRESS BOYNTON BEACH FL 33436 1.4 CITY-ST-ZIP CITY-\$T-ZIP Change Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 2.4 CITY-ST-ZIP Addition ☐ Change 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition DELETE Change TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. I 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 supplimental annual report is frue 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 of the receiver or trustee enhowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address, with all other like empowered.

DE COM SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98