FILE NOW: FILING FEE AFTER MAY 1 18 \$550.00

Mailing Address 3662 WHISPERWOOD CIRCLE

MELBOURNE FL 32901-8125

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

3a. Date of Last Report

0099168

3. Date Incorporated or Qualified

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000026983 (2)**

BSC ENTERPRISE, INC.

Principal Place of Business

3662 WHISPERWOOD CIRCLE MELBOURNE FL 32901

CITY - ST - ZIP

03/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3380206 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOLLIDAY, MICHAEL D 2351 W EAU GALLIE BLVD, SUITE 5 82 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32935** 83 84 City Zip Code 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 1 an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 OFFICERS AND DIRECTORS 13. PSTD DELETE Change Addition 11 TITLE Into R CHIANG, BING A 1.2 NAME 3662 WHISPERWOOD CIRCLE STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL 32901 1.4 CITY-ST-ZIP CITY-\$1-7IP DELETE Change Addition 2.1 TITLE TITLE CHIANG, SUNATA P 2.2 NAME NAME 3682 WHISPERWOOD CIRCLE 2.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 2. 4 CITY - ST- ZIP 011 y - \$1 - 21P DELETE Change Addition THE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ATIORESS CITY - \$1 - ZiP 34. CITY-ST-ZIP DELETE Addition 4.1 TITLE 1171€ 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST ZIP DELETE Change Addition 51 TIFLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CDY-\$1-20 DELETE Addition Change 61 1111 5 Table NAME 62 NAME STREET ADDRESS **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 changes or on an attachment with an address.