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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	9	9	7	'

DOCUMENT # P96000050184 (6)

BHEGANI ENTERPRISES, INC.

FILED May 01 1997 8:00am Secretary of State



330 CONGRES	Principal Place of Business Mailing Address 30 CONGRESS AVE BLRAY BEACH FL 33445 DELRAY BEACH FL 33445						
					3. Date Incorporated or Qualified 06/11/1996	3a. Date of L	ast Report
2. Principal F	Prace of Business	2a, Mailing Address			4. FEI Number		Applied For
21		26			65-067368	/	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.	75 Additional
22		27			6. Certificate of Status Desired	Ŭ F∈	e Required
City & Sta	ale	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
Ζιp	Country	Zip	Coun	try	8. This corporation has liability for i		der s. 199.032,
24	25	29	30]Yes ∐No	
	9. Name and Address of Curi	rent Registered Agent		Name	10. Name and Address of New Re	gistered Agent	
	EGANI, JAMES A		['	Ivarile			
	CONGRESS AVE		Ī	32 Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
DEL	LRAY BEACH FL 33445		l l	33			
			Γi	City		FL 85	Zip Code
11 Purcuant	t to the provisions of Sections 607.0	502 and 607 1508. Florida Statul	tes the abo	nve-named co	orporation submits this statement for the pration's board of directors. I hereby accept	urnose of chang	ing its registered
12.	······································	AND DIRECTORS	13.		jured when reinstating) ADDITIONS/CHANGES TO OFFICE		
TITLE	D	DELETE	1.5 TITE	E [☐ Cha	ange Addition
name.	BHEGANI, JAMES A		1.2 NA				
STREET ADDRESS				EET ADDRESS			
CHY-ST-ZIP TITLE	DELRAY BEACH FL 33445	DELETE	1.4 City 2.1 Titu	/ST-ZIP		Che	ange Addition
NAME		L otetic	2.2 NAA			010 لسرا	migro Land Production
STREET ADDRESS				EET ADDRESS			
Crty - St - ZIP				Y-ST-ZIP		\$	
TITLE		DELETE	3.1 7171			☐ Cha	ange Addition
NAME			32 NAA	(E			
STREET ADDRESS			33 STR	EET ADDRESS	•••	m.+/	
CITY - ST - ZIP			3 4. CIT	Y-ST-ZIP			
TilkE		☐ DELETE	4.1 TITL	£		☐ Cha	ange Addition
NAME			4. 2 NA	VIE			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP		—		r-ST-ZIP		····	
TITLE		DELETE	5.1 T(T)	- 1		[] Cha	ange [_] Addition
NAME			5.2 NAN	!			
STREET ADDRESS				EET ADDRESS			
City - St - ZiP		DELETE		/-ST-ZIP		Cha	ange Addition
TIFLE		ר") הברבוב	6.1 TrT),			L., Ulk	wite TT Vocation
NAME Proses appended			6.2 NAM				
STREET ADDRESS		1		EET ADDRESS			
CITY-ST-ZIP	ety certify that the information supp	had with this filing does not qual		-ST-ZIP	ed in Section 110 07/3Vi). Floride Statute	a I further cortifu	that the

his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the nental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that being frustee empowered to execute this report as required by Qhapter 607, Florida Statutes; and that my name Information indicated on this annual report or I am an officer or director of the corporation appears in Block 12 or Block 13 if changed,

SIGNATURE: