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

**PROFIT CORPORATION ANNUAL REPORT** 





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

B.C.D.	HOLDING COMPANY, INC	Mailing Address  1776 N. PINE ISLAND ROV SUITE 118 PLANTATION FL 33322	AD	DO NOT WRITE IN 1	
2. Principal F	Place of Business	2a. Mailing Address		<b>07/15/1996</b> 4. FEI Number	Applied For
21	•	26		65-0685188	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	17.00	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Sta		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes or has paid th	
24	25 9. Name and Address of Curr		30	Personal Property Tax due June 30.  10. Name and Address of New Register  10. Personal Property Tax due June 30.	Yes No
- Di	BINCHIK, HARVEY L	on riegisteres rigen	81 Name	10, ramo ana Adarbas di itom (togisti	NOU ABOUT
1776 N. PINE ISLAND ROAD			00 00		
SUITE 118			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
PL	ANTATION FL 33322		83		
			84 City		85 Zip Code
44 0	to the manufacture of Continue COT O	100 1007 4500 Ft 11 0			FLII
office or agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl	te of Florida. Such change was at gations of, Section 607.0505, Flor	is, the above-named cou thorized by the corpo- rida Statules.	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	Signature, typed or praited name of registered a	quent and use if applicable (NOTE	Registered Agent signature re	rquired when reinstaling) Dr	ATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	FINKELSTEIN, LEO		1.2 NAME		
STREET ADDRESS	2035 ISLAND CIRCLE	00	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 333		1.4 CITY-ST-ZIP		
NAME		LJ DELETE	2.1 TITLE		Change Addition
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		<b></b>	3.2 NAME		Eg onango Eg nadman
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		+1
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u>.</u>		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		T DELETE	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
GOZANUM POPULOS	i		6.3 STREET ADDRESS		

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all annual lepost is true angrescurate and that my signature shall have the same legal effect as if made under oath; that I am an enver or trusted emproved to to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information sup-indicated on this annual report or suppli-officer or director of the corporation of Block 12 or Block 13 if changed of in

6.4 CITY - ST - ZIP

**FILED** 

Apr 23 1998 8:00am

Secretary of State