

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000068869 (2)**

1. Corporation Name  
**BHD ARTWORKS, CORP.**



Principal Place of Business <b>1617 N FLAGLER DR                  SUITE 3A                  WEST PALM BEACH FL 33480</b>	Mailing Address <b>1617 N FLAGLER DR                  SUITE 3A                  WEST PALM BEACH FL 33407-6506</b>
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3. Date Incorporated or Qualified <b>08/16/1996</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. <b>P.O. Box 549</b>
22. City & State	27. <b>Palm Beach - FL</b>
23. Zip	28. <b>33480-0549</b>
24. Country	29. <b>USA</b>
25. Country	30. <b>USA</b>

9. Name and Address of Current Registered Agent <b>FINLEY, CHANDLER R                  1645 PALM BEACH LAKES BLVD                  SUITE 520                  WEST PALM BEACH FL 33401</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
	85. 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. 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	1.1 TITLE	1.2 NAME
<input checked="" type="checkbox"/> DELETE	<b>D BERNHARD, MANFRED 1617 N FLAGLER DR WEST PALM BEACH FL 33407</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	<b>D BERNHARD, RUTH 2982 CLAY ST SAN FRANCISCO CA 94115</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	<b>D BERNHARD, KARL P O BOX 45 ASTON NY 13730</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	<b>D BERNHARD, E. ALEXANDER 95 ESMOND RD LONDON W41JE ENGLAND</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: MANFRED BERNHARD Date: 4-26-97 Telephone: 561-659-1862

CR2E034 (9/96)