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FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078227 (1)

1. Corporation Name
BFOL, INC.



Principal Place of Business
685 ROYAL PALM BEACH BLVD
SUITE 105
ROYAL PALM BEACH FL 33411

Mailing Address
685 ROYAL PALM BEACH BLVD
SUITE 105
ROYAL PALM BEACH FL 33411-7642

3. Date Incorporated or Qualified
09/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 4243 B NORTHLAKE BLVD

Suite, Apt. #, etc.

22 PALM BEACH GARDENS, FL

City & State

23 33410

Zip

25 US

Country

2a. Mailing Address

26 C/O ALFRED DEMOTT

Suite, Apt. #, etc.

27 4243 B NORTHLAKE BLVD

City & State

28 PALM BEACH GARDENS, FL

Zip

29 33410

Country

30 US

Country

4. FEI Number

65-0705852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

D'ANGIO, ROBERT A JR
685 ROYAL PALM BEACH BLVD
SUITE 105
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D SMITH, MILTON L
STREET ADDRESS
7008 68TH ST
CITY-ST-ZIP
LUBBOCK TX 79424

TITLE ☐ DELETE

NAME
D MINOR, JOSEPH E
STREET ADDRESS
P O BOX 603 N/A
CITY-ST-ZIP
ROCKPORT TX 78381

TITLE ☐ DELETE

NAME
D NORVILLE, H. SCOTT
STREET ADDRESS
8107 FLINT AVE
CITY-ST-ZIP
LUBBOCK TX 79424

TITLE ☐ DELETE

NAME
D BEERS, DEBRA A
STREET ADDRESS
8631 STEEPLECHASE DR
CITY-ST-ZIP
PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 changed, or on an attachment with an address.

SIGNATURE

X Robert A. D'Angio

561-127-6720

CR2E034 (9/96)