Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90277 034 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600080997

1. Corporation Name

B&HE	NTERPRISES GROUP, INC	•							
Principal Place	e of Business	Ma	iling Address		_		T SPOISEON RIGHT TOTAL CONTRACTION OF THE CONTRACT CONTRACTOR CONT	Į	
10247 NORTH CIRCLE, LAKE DRIVE, BLDG, 111 POST OFFICE BOX 4705									
SUITE 202 BOYNTON BEACH FL 33424									
BOYNTON BEACH FL 33437							DO NOT WRITE IN THIS SPACE		
	•						3. Date Incorporated or Qualifed		
	•						09/30/1996	}	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For		
SAME SAME			26 SANK				65-0746803 Not Applicab	ole	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional	乛	
22			27				5. Certificate of Status Desired Fee Required		
City & State			City & State				6. Election Campaign Financing . \$5.00 May Be		
23		28	,				Trust Fund Contribution Added to Fees	- 1	
Zip	Country	1201-	Zip	Coun	itry		8. This corporation owes the current year Intangible	$\neg$	
24	25	29	· –	30	-		Personal Property Tax.		
24	9. Name and Address of Currer			1			10. Name and Address of New Registered Agent	$\neg$	
	3. Harris and Flauress or Carre		,	1	81	Name		コ	
AME	RILAWYER CHARTERED			L	82			_	
343 ALMERIA AVENUE						Street A	Idress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134								$\dashv$	
00,	The original residence			1	83				
				۲	84	City	85 Zip Code		
	·						FL   U   LP 3000	ᆜ	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	<ul> <li>Such change was auf</li> </ul>	horized	hV I	the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	'	
SIGNATURE								- {	
	Signature, typed or printed name of registered age			<del>-</del>	4geni	t signature rec	required when reinstating) DATE		
12.	OFFICERS AI	ID DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD		☐ DELETE	1.1 TITL	LE			"	
NAME	FELDMAN, BERT			1.2 NA	ME:			1	
STREET ADDRESS	10247 NORTH CIRCLE, LAKE	DRIVE,	RIVE, BLDG. 111			ADORESS		ŧ	
CITY-ST-ZIP BOYNTON BEACH FL 33437					1.4 CITY-ST-ZIP				
TITLE	VTD DELETE		☐ DELETE	2.1 TITL	LE		☐ Change ☐ Addi	tion	
NAME	FELDMAN, RENEE E			2.2 NAM	2.2 NAME				
STREET ADDRESS 10247 NORTH CIRCLE, LAKE DRIVE, BLDC			BLDG. 111	11 2.3 STI		ADDRESS			
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	•		2. 4 CIT	ry-S	T-ZIP	,	j	
TITLE			☐ DELETE		3.1 TITLE		Change Addi	tion	
NAME .	r			3.2 NA	uF.				
						ADDRESS		ļ	
STREET ADDRESS								1	
CITY-ST-ZIP	•		☐ DELETE	3.4, CIT 4.1 TITL		1-ZIP	☐ Change ☐ Addi	ition	
TITLE			□ pttrir				المراد ال		
NAME	1.			4. 2 NA				}	
STREET ADDRESS	1:					ADDRESS	· ·		
CITY-ST-ZIP				4.4 CIT	Y-ST	T-ZIP			
TITLE			☐ DELETE	5.1 TITI		)	☐ Change ☐ Addi	( חסני	
NAME				5.2 NAJ			·		
STREET ADDRESS				5.3 STF	REET	ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP				5.4 CIT	Y-S1	T-ZIP			
TITLE			☐ DELETE	6.1 7173	LE		☐ Change ☐ Addi	ition	
NAME				6.2 NA	ME			1	

14. I 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, with all other like empowered.

Policy Satt PRESIDENT

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS