

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082751

1. Corporation Name

BSG MANAGEMENT, INC

Principal Place of Business

Mailing Address

10 TURNPIKE AUTO COLLISION, INC.
4981 SW 34TH PLACE
DAVIE, FL 33314

3. Date Incorporated or Qualified

10/17/96

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0698825

Applied For

Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

23. City & State

28. City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24. Zip

Country

29. Zip

Country

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

Florida Statutes

☐

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE AGENTS
TALLAHASSEE, FL

81

Name

82

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

83

84

City

BOYNTON BEACH

85

Zip Code

FL

33437

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

Peter Newman

PETER NEWMAN

(NOTE: Registered Agent signature required when reinstating)

X 4/24/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DIRECTOR ☐ DELETE
NAME: PETER NEWMAN
STREET ADDRESS: 6200 WINDLASS CIRCLE
CITY-ST-ZIP: BOYNTON, BEACH, FL 33437

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
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TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1.1

TITLE

1.2

NAME

1.3

STREET ADDRESS

1.4

CITY-ST-ZIP

2.1

TITLE

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY-ST-ZIP

3.1

TITLE

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY-ST-ZIP

4.1

TITLE

4.2

NAME

4.3

STREET ADDRESS

4.4

CITY-ST-ZIP

5.1

TITLE

5.2

NAME

5.3

STREET ADDRESS

5.4

CITY-ST-ZIP

6.1

TITLE

6.2

NAME

6.3

STREET ADDRESS

6.4

CITY-ST-ZIP

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Change

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Addition

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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, unchanged, or on an attachment with an address.

SIGNATURE:

Peter Newman

PETER NEWMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/24/97

DATE

X (954) 587-9735

DAYTIME PHONE #

CR2ED34 (9/96)