


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

FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. McMath Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name P96000097514 BCS Pines, Inc			
Principal Place of Business 352 N. University Dr Pembroke Pines, FL 33024		Mailing Address	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. SAM	26. SAME	11-96	
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied for / Not Applicable
23. City & State	28. City & State	65-0728737	
24. Zip	29. Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Brigitte Feinerman # 308 1000 Towerside Dr Miami, FL 33138		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		6-13-97	
Brigitte F. Feinerman		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11. TITLE	Change Addition	
NAME	12. NAME		
STREET ADDRESS	13. STREET ADDRESS		
CITY-ST-ZIP	14. CITY-ST-ZIP		
TITLE	21. TITLE	Change Addition	
NAME	22. NAME		
STREET ADDRESS	23. STREET ADDRESS		
CITY-ST-ZIP	24. CITY-ST-ZIP		
TITLE	31. TITLE	Change Addition	
NAME	32. NAME		
STREET ADDRESS	33. STREET ADDRESS		
CITY-ST-ZIP	34. CITY-ST-ZIP		
TITLE	41. TITLE	Change Addition	
NAME	42. NAME		
STREET ADDRESS	43. STREET ADDRESS		
CITY-ST-ZIP	44. CITY-ST-ZIP		
TITLE	51. TITLE	Change Addition	
NAME	52. NAME		
STREET ADDRESS	53. STREET ADDRESS		
CITY-ST-ZIP	54. CITY-ST-ZIP		
TITLE	61. TITLE	Change Addition	
NAME	62. NAME		
STREET ADDRESS	63. STREET ADDRESS		
CITY-ST-ZIP	64. 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: Scott A. Samuels 5/13/97 305 986 7740

CR2E034 (9/96)