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 # P9700000101

BVP SOLUTIONS, INC

Principal Place of Business
743 PALMERA DR. EAST

Mailing Address

P.O. BOX 1353

PONTE VEDRA BEACH FL 32004

FILED Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90025 011 ***158.75



TOTAL VEGIN DENOTITE GEGGE				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				01/01/1997		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 743 Palmera DR. East		59-3417880	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$	8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	5.00 May Be	
	•	28 Ponte Vedra	Roach Fi		Added to Fees	
Zip	Country	Zio Zio	Country	8. This corporation owes the current year Intangib		
		├ ─ .	¬	Personal Property Tax.		
24	25	<u> </u>	u Sri	10, Name and Address of New Registered Ager		
94 Nome -						
PRATT, BARBARA V				PRATT BARBARA V.		
190 WEST END LANE			82 Street Address (P.O. Box Number is Not Acceptable)			
			74	3 Palmera Drive East		
SUITE 2303						
PONTE VEDRA BEACH FL 32082						
			$-11^{\circ}V_{c}$	onte Veda Beach FL	32082	
44. Dispute to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the phoye-pamed 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	13.	ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE	PS	☐ DELETE	1.1 MTLE		Change	
NAME	PRATT, BARBARA V	}	1.2 NAME			
STREET ADDRESS	743 PALMERA DR. EAST		1.3 STREET ADDRESS			
·	PONTE VEDRA BEACH FL 32082		1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	TOTAL TEDITA DESCRITTE DESC	□ DELETE	2.1 TITLE		Change	
l			2.2 NAME			
NAME			2.3 STREET ADDRESS			
STREET ADDRESS			1			
CITY-ST-ZIP	<u>.</u>	DELETE	2.4 CITY+ST-ZIP		Change Addition	
TITLE		[] DEFEIF	3.1 TITLE		Change	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	
NAME			4. 2 NAME		}	
STREET ADDRESS		!	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	
NAME			5.2 NAME			
·			5.3 STREET ADDRESS		}	
STREET ADDRESS			5,4 CiTY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change	
TITLE			6.2 NAME			
NAME						
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP		Address Section 12	
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						

4. 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 informatio 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 cath; 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.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/99

(310)751-3699

Daytime Phone