PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90009 035 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENTA# P9700005760

BG CAPITAL GROUP SOUTH FLORIDA, INC.

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Principal Place	e of Business	Mailing Address				, 100100 100 10011 0011 0011 0011 0011	4111 EDIWI ELIII [6818	
% ROBERT GE	NOVESE	% ROBERT GENO	VESE					
2424 N. FEDERAL HWY #101 2424 N. FEDERAL HWY #								
BOCA RATON FL 33431 BOCA RATON FL 33431			33431			DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed 01/21/1997		· · · · · · · · · · · · · · · · · · ·
2. Principal P	lace of Business	2a. Mailing Addre	ess			4. FEI Number	Ap	plied For
21		26			•	65-0776485		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		•	5. Certificate of Status Desired	\$8.75 A	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution.	Added t	
Zip	Country	Zip	Ċ	ountry		8. This corporation owes the current ye	ear Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Regis	tered Agent	
			-	81	Name			
GEN	OVESE, ROBERT			82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)		
2424	N. FEDERAL HIGHWAY	Million B		62	Street Addi	CASHAY 1.5 THE (ST. THE CONTROL OF T	vi c	. 10011 5.511 14.51
SUIT	TE 101			83		· 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	24139 123
BOC	A RATON FL 33431					<u> </u>	1947 P. C.	114 9 21 128
	· ·			84	City		FL 85 Zip (Code
office or r	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such chang	je was authoriz	ed by th	he corporation	poration submits this statement for the purpon's board of directors. I hereby accept the	appointment as re	gistered
•	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Register	red Agent	signature require	ed when reinstating)	ATE.	• •
12.	Signature, typed or printed name of registered age OFFICERS At		(NOTE: Register		signature require			ORS IN 12
12.	OFFICERS AN	ent and title if applicable. ND DIRECTORS	1:		signature require	ADDITIONS/CHANGES TO OFFICE		DRS IN 12
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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 reports 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, of on an attachment with an addless, with all other like empowered.