

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

FILED
Jul 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000009953 (5)

1. Corporation Name
BHS & ASSOCIATES, INC.

Principal Place of Business
2004 SOUTH PRINCE COURT
WINTER PARK FL 32792

Mailing Address
2004 SOUTH PRINCE COURT
WINTER PARK FL 32792



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1997	
21		26		4. FEI Number 59-3452706	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

8. Name and Address of Current Registered Agent DRAVES, DONNA L 120 E. CONCORD STREET ORLANDO FL 32801		10. Name and Address of New Registered Agent	
		81 Name Antonio Lemus C.P.A. P.A.	
		82 Street Address (P.O. Box Number is Not Acceptable) 112 Marcia Drive	
		83	
		84 City Altamonte Springs	
		85 Zip Code 32714	

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 _____ DATE 4/23/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P, D
NAME	BARQ, MIRNA	1.2 NAME	
STREET ADDRESS	2004 SOUTH PRINCE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	V.P., D
NAME	STEPHAN, GABI	2.2 NAME	
STREET ADDRESS	500 ELLSWORTH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MUSSEIN, KHALES H	3.2 NAME	
STREET ADDRESS	2004 SOUTH PRINCE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	T, S, D
NAME	Mamta Barg	4.2 NAME	
STREET ADDRESS	2004 South Prince Ct.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Park, FL 32792	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ DATE 4/28/98

CR2E034 (10/97)