

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90253 007 ***300.00

DOCUMENT # P97000031551

1. Corporation Name
BKCGP 2, INC.

Principal Place of Business
1915-A HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address
1915-A HOLLYWOOD BLVD.
HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

65-0748113

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 1850 NW NDE ST
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 220650
Suite, Apt. #, etc.

City & State

23 HOLLYWOOD, FL

City & State

28 HOLLYWOOD, FL

Zip

24 33020

Country

25 USA

Zip

29 33020-0650

Country

30 USA

9. Name and Address of Current Registered Agent

SPITZER, ELLEN W
1915-A HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KNIGHT, JOHN R
STREET ADDRESS 7001 SW 66TH ST
CITY-ST-ZIP MIAMI FL 33143

DELETE

TITLE D
NAME SPITZER, ELLEN W
STREET ADDRESS 1915-A HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD FL 33020

DELETE

TITLE D
NAME SPITZER, KARL
STREET ADDRESS 4000 SW 109TH AVE.
CITY-ST-ZIP DAVIE FL 33328

DELETE

TITLE D
NAME WEST, MARILYN A
STREET ADDRESS 230 DANIEL DR
CITY-ST-ZIP SANIBEL FL 33957

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99 954/927-6027

CR2E034 (1/98)

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