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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000048968

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90087 038 ***150.00

BVG INC														
Principal Place	e of Business	****	Mail	ling Addr	ess					1 : 5 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4,14, 12,1112	
P.O. BOX 292915 P.O. BOX 292915 DAVIE FL 33329-2915 DAVIE FL 33329-2915									DO NOT WRITI	E IN THIS S	PACE			
									. 3.	Date Incorporated or Qualifed				
•									ļ	05/28/1997				
2. Principal Pl	lace of Business		2a. 1	Mailing A	ddress				4.	, FEI Number		Ap	plied For	
21			26		<u>. </u>					65-0758719			t Applicable	
Suite, Apt.	27	Suite, Apt. #, etc.					5.	Certifcate of Status Desired		\$8.75 / Fee Re		İ		
City & State		City & State						Election Campaign Financing	 		May Be===	=		
23		_	28							Trust Fund Contribution	Ш	Added	to Fees	ا ا
Zip		Country	· L :	Zip		$\overline{}$	untry		8.	. This corporation owes the curre			est.	
24	25		29			30				Personal Property Tax.		Yes	⊠No	
	9. Name and	Address of Curre	nt Registe	ered Age	ent	_	041		10	Name and Address of New Ro	egistered A	gent	_	l
HOW	WELL BOD I						81	Name						1
	vell, Bob J I s university	' DDIVE					82	Street Ade	ldress (l	P.O. Box Number is Not Acceptat	ole)			
l	E 265	DAIVE					83							'
l	IE FL 33328						83							l
DAVI	IE 1 L 33320						84	City			FL	85 Zip (Code	l
office or re	onietorod agent c	vr. both in the State	of Florida	a Such d	lorida Statu	ites, the a	bove	-named cor	rporatio	on submits this statement for the poord of directors. I hereby accept	urpose of cl	hanging its ment as re	registered gistered	ı
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agent. I a	ım familiar with, ar	nd accept the obligated name of registered age	ations of, 8	Section 6	5U7.U5U5, FI	autnorized orida Stat	a by ti tutes.	ine corpora	ired when	reinstating)	DATE			·
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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 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: