

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 # P97000053439

1. Corporation Name
B. I. HOLDINGS, INC.

Principal Place of Business
4521 PGA BLVD SUITE 141
PALM BEACH GARDENS FL 33418

Mailing Address
PO BOX 15563
WEST PALM BEACH FL 33416
US

2. Principal Place of Business 21	2a. Mailing Address 26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	
City & State 23	City & State 28	
Zip 24	Zip 29	Country 30

9. Name and Address of Current Registered Agent

AJINKYA, ARVIND
4524 GVN CLUB RD. #102
WEST PALM BEACH FL 33415

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City FL	Zip Code 85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JALASSOLA, ANDREW		1.2 NAME
STREET ADDRESS	4521 PGA BLVD SUITE 141		1.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		1.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AJINKYA, ARVIND B		2.2 NAME
STREET ADDRESS	4524 GVN CLUB RD #102		2.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33415		2.4 CITY-ST-ZIP
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGSTOM, JOHAN S		3.2 NAME
STREET ADDRESS	4521 PGA BLVD SUITE 141		3.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		3.4 CITY-ST-ZIP
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GMEINDER, JOHANNET DR		4.2 NAME
STREET ADDRESS	4521 PGA BLVD SUITE 141		4.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (S2) 471-0400
Date Daytime Phone #

0369166

CR2E034 (11/98)