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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000057252 (3)

BBGF LUKE CORP.

Principal Place of Business

FILED Feb 27 1998 8:00am Secretary of State

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· ····o·pa· · ·ac	e or positions	retening / teremous				
300 SOUTH F	POINT DRIVE, APT, 1502 I FL 33139	300 SOUTH POINT DRIVE. APT. 1502 MIAMI BEACH FL 33139				
					DO NOT WRITE IN THIS S	SPACE
					3. Date Incorporated or Qualified	
					06/30/1997	
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number	Applied For
21		26			65-0771996	Not Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the curr	ent vear Intangible
24	25	29	30			Yes 🔀 No
	9. Name and Address of Curi		1 -1		10. Name and Address of New Registered	gent
ST	ECHER, ROBERT		6	1 Name		
		1602	L	1		
300 SOUTH POINT DRIVE, APT. 1502				2 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIA	AMI BEACH FL 33139		8	3		
				<u> </u>		
			8	4 City		85 Zip Code
					F <u>L</u>	
agent. I a		r			rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	
	Signature, typed or printed name of registered			gent signature requ	uired when reinstating) DATE	0.0507000 11140
12.		AND DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D D	☐ DELETE		· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME	STECHER, ROBERT		1.2 NAM			
STREET ADDRESS	300 SOUTH POINT DRIVE,	APT. 1502	1.3 STAE	ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	f		Change Addition
NAME			2.2 NAM	: [
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	- ST - ZIP		
TITLE		DELETE				☐ Change ☐ Addition
NAME			3.2 NAMI	.		
STREET ADDRESS			•	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	I .		
TITLE	ļ 	DELFTE				Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP		Leeren	4.4 CITY			Observe Addition
TITLE		DELETE		\ \		Change Addition
NAME			5.2 NAM	[
STREET ADDRESS			5 3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE		DECETE	61 TITLE			☐ Change ☐ Addition
NAME			62 NAMI	: I		
STREET ADDRESS				ET ADDRESS		
OTH CT 710				CT 740		

14. hereby certify that the information supplied with this filing does not challify 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 secure 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 empower 118 menute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an officerism with an address.

(30x) 674-88VV