

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 07 1998 8:00am
Secretary of State

DOCUMENT # **P97000081279 (6)**

1. Corporation Name
BFC ENTERPRISES, INC.



Principal Place of Business
**8862 SCOTT WOODS DRIVE WEST
JACKSONVILLE FL 32208**

Mailing Address
**8862 SCOTT WOODS DRIVE WEST
JACKSONVILLE FL 32208**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1997	
4. FEI Number 59-3479004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 727 N. McDuff Ave.	26 P.O. Box 40249		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 Jacksonville, FL	28 Jacksonville, FL		
Zip	Country	Zip	Country
24 32209	25 USA	29 32201	30 USA

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

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 **Amerilawyer**

9/24/98

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVIN, JOHN	1.2 NAME	
STREET ADDRESS	8862 SCOTT WOODS DRIVE WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, DAVID	2.2 NAME	
STREET ADDRESS	8862 SCOTT WOODS DRIVE WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARUQ, HAMEED	3.2 NAME	Siddiq, Abdul-Hameed
STREET ADDRESS	8862 SCOTT WOODS DRIVE WEST	3.3 STREET ADDRESS	8862 Scott Woods Dr. W.
CITY-ST-ZIP	JACKSONVILLE FL 32208	3.4 CITY-ST-ZIP	Jacksonville, FL 32208
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, VOSIE C	4.2 NAME	
STREET ADDRESS	8862 SCOTT WOODS DR. WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	4.4 CITY-ST-ZIP	
TITLE		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		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.

SIGNATURE: **[Signature]** **9/24/98** **(944) 711-7882**

CR2E034 (5/98)