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 # P97000094959

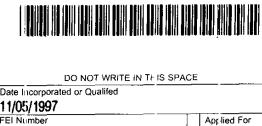
1. Corporation Name

BHS MANAGEMENT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
201 E. PINE ST., STE. #601	201 E. PINE ST., STE. #€01
ORLANDO FL 32801	ORLANDO FL 32801

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90065 018 ***158.75



						3.	Date incorporated or Qualified		ļ	
							11/05/1997			
2.	Principal Place of Business	2a. Mailing Address				4.	FEI Number		Apr lied For	
21		26				}	59-34597 <u>61</u>		Not Applicable	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	-			5.	Certifcate of Status Desired		75 Additional e Required	
23	City & State	City & State				6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
23	Zip Cour try	Zip	Cou	intry		8.	This corporation owes the current year	ntangible		
24	25	29	30				Persor al Property Tax.	☑ Yes	I⊒No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
HATCHER, ANDREW III 201 E. PINE ST., STE. #601			81 82		ss (F	O. Box Number is Not Acceptable)				
	ORLANDO FL 32801			83						
				84	- "		<u> </u>	<u> </u>	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 circulors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										

agent. ai	m familiar with, and accept the obligations of, Section 607.0	505, Florida Sta	itutes.	, ,					
SIGNATURE	Signature, typed or printed na ne of registered agent and title if applicable.	(NOT : Registers	ed Agent signature required	(when rainstating)	DATE				
12. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D DE		TITLE		☐ Change	Addition			
NAME I	SEALL, JOHN P	1.21	NAME						
STREET ADDRESS	201 E. PINE ST., STE. #601	1.3 :	STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32801	1.4 0	CITY-ST-ZIP						
TITLE		ELETE 2.1	TITLE		☐ Change	Addition			
NAME	HOPKINS, ROBERTA J	2.21	NAME						
STREET ADDRE 3S	201 E. PINE ST., STE. #601	2.3	STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32801	2. 4	CITY-ST-ZIP						
TITLE	D DE	ELETE 3.1	TITLE		Change	Addition			
NAME	BUTLER, CHRISTIE C	3.2	NAME						
STREET ADDRESS	201 E. PINE ST., STE. #601	3.3	STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32801	34	CITY-ST-ZIP						
TITLE	DE	ELETE 41	TITLE		Change	☐ Addition			
NAME		4. 2	NAME						
STREET ADORESS		4.3	STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	☐ DE		TITLE		☐ Change	☐ Addition			
NAME		1	NAME			,			
STREET ADDRESS		5.3	STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	☐ DE		TITLE		Change	Addition			
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	and it, that the information complied with this filing does not o		CITY-ST-ZIP	440 07(2)/3) Florido Chabatas I fu	where or stiff that the in	furmation			

I hereby certify that the information supplied with this filing does not quality to "the exemption stated in Section 1.19.07(3)(i), Fiorida 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 char ith an address, with all other like empowered.

SIGNATURE:

IAME OF SIGNING OFFICER OR DIRECTOR