

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

FILED  
Feb 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000102192 (6)**

1. Corporation Name

**THE BS BUTTON COMPANY, INC.**

Principal Place of Business

**301 DUNWOODY LANE  
HOLLYWOOD FL 33021**

Mailing Address

**301 DUNWOODY LANE  
HOLLYWOOD FL 33021**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/01/1997**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

4. FEI Number

**65-0804308**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BIRNHOLZ, HARVEY  
301 DUNWOODY LANE  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

*Harvey Birnholz*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**02-15-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BIRNHOLZ, HARVEY</b>	
STREET ADDRESS	<b>301 DUNWOODY LANE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>STATMAN, MAURA</b>	
STREET ADDRESS	<b>7405 CHARMANT DR., #2227</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92122</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>STATMAN, RENAI</b>	
STREET ADDRESS	<b>11421 LAKEVIEW DR.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>STATMAN, DAVID</b>	
STREET ADDRESS	<b>7405 CHARMANT DR.</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92122</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>STATMAN, EVAN</b>	
STREET ADDRESS	<b>11421 LAKEVIEW DR.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, changed, or on an attachment with an address.

CR2E034 (10/97)