

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

FILED
Apr 30 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **P97000106383 (7)**

1. Corporation Name
BDC HOLDINGS, INC.

Principal Place of Business
**105 E ROBINSON STREET
SUITE 201
ORLANDO FL 32801**

Mailing Address
**POST OFFICE BOX 3628
ORLANDO FL 32802-3628**



DO NOT WRITE IN THIS SPACE

| | | | | | |
|------------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/18/1997 | |
| 21 401 W. Colonial Dr. | | 26 | | 4. FEI Number APPLIED | |
| Suite, Apt. #, etc. Suite 7 | | 27 Suite, Apt. #, etc. | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 Orlando, FL 32804 | | 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 Orlando, FL | | 29 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Zip 32804 | | Country Orange | | 30 | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CUROTTO, DONALD 105 E ROBINSON STREET SUITE 201 ORLANDO FL 32801 | | | | 81 Name William H. MacArthur | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 401 W. Colonial Dr., Suite 7 | | | |
| | | | | 83 Orlando, FL 32804 | | | |
| | | | | 84 City Orlando FL 85 Zip Code 32804 | | | |

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 William H MacArthur William H MacArthur 4/20/98
Signature, typed or printed name of registrant 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 <input type="checkbox"/> DELETE | | | | 1.1 TITLE D/P/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME MACARTHUR, WILLIAM H | | | | 1.2 NAME | | | |
| STREET ADDRESS 401 W COLONIAL DR, STE 7 | | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP ORLANDO FL 32804 | | | | 1.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 2.1 TITLE Asst. Secty/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | | | | 2.2 NAME Elizabeth S. Conant | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS 401 W. Colonial Dr., Suite 7 | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP Orlando, FL 32804 | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 3.1 TITLE | | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 4.1 TITLE | | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 5.1 TITLE | | | |
| 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 | | | |
| 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: William H MacArthur William H MacArthur 4/20/98 407/425-8276

CR2E034 (10/97)