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 # P98000016761

1. Corporation Name

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90267 042 ***150.00

BCH MANAGEMENT, INC.						
Principal Place	of Business	Mailing Address				[OUT OUT UN (Andt Anti) Outle Outle Outle Saret Jene Outle 19610 unter mas man
7667 W. SAMPLE RD. STE. 140 7667 W. SAMPLE RD. STE.			STE. 140			
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065) 65			
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 02/20/1998
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21 50 N	E 26TH AVE	26 50 NE 26TH AVE			E	65-0813628 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22 310		27 SUITE 310				Fee Required
City & State		City & State			75.	6. Election Campaign Financing \$5.00 May Be
	ANO BEACH FL	28 POMPANO			FL	Trust Fund Contribution Added to Fees
¬ Zip	Country USA	Zip		Country	USA	8. This corporation owes the current year Intangible Personal Property Tax
24 330	62 25 25 25 25 25	29 33062	30	-	<u> </u>	Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name_	
FLOF	RIDA INCORPORATORS, INC.				PA	trice backer
	BRICKELL AVENUE STE. 900			82	Street A	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33131				83	400	os turquoise trail
**************************************				63		
				84	City _	85 Zip Code
		1.007.4500 First- Ol-			WE	STON FL 33331
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Sta Florida. Such change was	tutes, the s authoria	e above zed by	the corpor	corporation submits this statement for the purpose of changing its registered oration'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	Talice Dac					2 18 99
	Signature, typed or printed name of registered agent				1 signature red	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OFFICERS AND	DELETE		1 TITLE	Т	Change Addition
	· -		B.	2 NAME	I.	BACKER, PATRICE 4005 TURQUOISE TRAIL
NAME	BACKER, PATRICE				ADDRESS	LINE TURQUOISE TRAIL
STREET ADDRESS	180 STERLING PLACE APT. 7				ADDRESS	WESTON, FL 33331
CITY-ST-ZIP	BROOKLYN NY 11217-3340	☐ DELETE		4 CITY-S'	1.219	☐ Change ☐ Addition
TITLE	DOUGGEAU GEDADD			2 NAME	-	
NAME	ROUSSEAU, GERARD 4230 N.W. 107TH AVE.				ADORESS	
STREET ADDRESS						· · · · · ·
CITY-\$T-ZIP	CORAL SPRINGS FL 33065	☐ DELETE		. 4 CITY-S .1 TITLE	1-219	M Change ☐ Addition
TITLE	D CALVIN I VONEI			2 NAME		CALVIN, LYONEL
NAME	CALVIN, LYONEL				ADDRESS	8315 SOUTH CORAL CIRCLE
STREET ADDRESS	1971 N.W. 38TH TERRACE COCONUT CREEK FL 33066-30	ne			7 7ID	NORTH LAUDERDALE, PL 33068
CITY-ST-ZIP TITLE	COCONOT CHEER FL 33000-30	DELETE		.4. CITY-S .1 TITLE	11-2119	Change Addition
				2 NAME		_ , _
NAME					ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP TITLE		☐ DELETE		.4 CITY-S	1-UF	☐ Change ☐ Addition
		_,		2 NAME		
NAME STREET ADDRESS					ADDRESS	
				4 CITY-S		
CITY-ST-ZIP TITLE		☐ DELETE		1 TITLE		☐ Change ☐ Addition
NAME			6.	2 NAME		, _
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				4 CITY-S		
OILT-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, with all other like empowered.

SIGNATURE: