


**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90042 008 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000018128**

1. Corporation Name  
**B & G DIVERSIFIED, INC.**



Principal Place of Business 8555 NW 29TH DRIVE CORAL SPRINGS FL 33065	Mailing Address 8555 NW 29TH DRIVE CORAL SPRINGS FL 33065
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8555 NW 29th DRIVE</b>		2a. Mailing Address 26 <b>8555 NW 29th DRIVE</b>		3. Date Incorporated or Qualified <b>02/23/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0836214</b>	
22 City & State <b>Coral Springs FL</b>		27 City & State <b>Coral Springs FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip <b>33065</b>		28 Zip <b>33065</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country <b>USA</b>		30 Country <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GREENAWALT, GRETCHEN G</b> <b>8555 NW 29TH DRIVE</b> <b>CORAL SPRINGS FL 33065</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City <b>FL</b>	
		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		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<b>PRESIDENT</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME		<b>GRETCHEN G. Greenawalt</b>			
1.3 STREET ADDRESS		<b>8555 NW 29 DRIVE</b>			
1.4 CITY-ST-ZIP		<b>CORAL SPRINGS, FL 33065</b>			
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 if changed or on an attachment with an address; with all other like empowered.

**SIGNATURE:****SIGNATURE REQUIRED****4/27/99****954-341-4955**

CR2E034 (11/98)