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

DIVIS

DOCUMENT # P98000029001

BSG, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

4200 GULF SHORE BLVD N NAPLES FL 34103

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

4200 GULF SHORE BLVD N NAPLES FL 34103

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90038 014 ***150.00



Applied For

\$8.75 Additional

(941) 261-6100

Not Applicable

DO NOT WRITE IN THIS SP

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

03/26/1998

4. FEI Number

59-3532812

22	2 - 4 - 2 -	27	÷ ^	-					·				
City & State			City & State					Election Campaig Trust Fund Contr		\$5.00 May B Added to Fees		•	
Zip	Country		Zíp	untry	у		8. This corporation owes the current year In			tangible ☐ Yes ☐ No			
24							Personal Property Tax.						7140
	9. Name and Address of Current F	₹egi:	stered Agent		81		1	0. Name and Addr	ess of New I	kegistered i	Agent		
						Name	me						
GREGORY, C. NEIL 4001 TAMIAMI TR N, STE 404					82	Street Address (P.O. Box Number is Not Acceptable)							
NAPLES FL 34103-8702						3							
,						٠ أ							
					84	City				FI	85	Zip Co	ode
	to the provisions of Sections 607.0502 a				ـــــــــــــــــــــــــــــــــــــــ					nurnosa of	changin	o ite re	ngietored
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Flori ns o	ida. Such change was f, Section 607.0505, FI	authorize orida Sta	ed by itutes	tne corporat	illon's	board of directors. I	hereby accep	ot the appoi	ntment a	as regi	stered
	Signature, typed or printed name of registered agent ar		_ ```			nt signature requir	ired whe			DATE	D 5105	OTOD	O IM 42
12.	OFFICERS AND	DIR	ECTORS DELETE	13				ADDITIONS/CHAP	IGES TO OF	FICERS AN	D DIRE		S IN 12 ☐ Addition
TITLE _ :	, <u> </u>			1.1 1	1.1 TITLE		res	ident.			L_J Glia	nge	
NAME	manuer s s s s s s s s s s s s s s s s s s s			1.21	VAME	Ē	Eril	F. Lutger	t				
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CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			1.4 9	CITY-S	T-ZIP N	Nap1	<u>les, FL_34</u>	103				
mle -	1		,=. DELETE	2.1	TITLE	v	/ice	e President	/Secret	ary	Cha	ange	Addition
NAME (ī -			2.21	VAME	s	Scot	t F. Lutge	rt	-			
i STREET ADDRESS	<u>.</u> I		· ·	2.3	STREET	I		Gulf Shor		No.			
CITY-ST-ZIP		1	<u> </u>	2.4	CITY-S	ST-ZIP N	Jani	Les, FL 34	103				
TITLE			DELETE	3.1	TITLE	1 .		President		rer	Cha	ange	Addition
NAME	7-		 .	3.21	NAME	l l		ard B. Gutm	•				
STREET ADDRESS			1	3.3	STREE			Gulf Shor		No			
CITY-ST-ZIP	[^ ·		 ′	3.4.	CITY-S			les, FL 34		NO.			
TITLE			☐ DELETE	4.1	TITLE						☐ Cha	ange	☐ Addition
NAME				4. 2	NAME								
STREET ADORESS				4.3	STREE	TADDRESS							
CITY-ST-ZIP	•			4,4 (CITY-S	T-ZIP	_						
TITLE			☐ DELETE	5.1	TITLE						Cha	ange	Addition Addition
NAME				5.2	NAME								
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TITLE	DELETE				6.1 TITLE			 -	- -		Cha	ange	☐ Addition
NAME				6.2	NAME								
				6.3	STREE	TADDRESS							
STREET ADDRESS		1/	1//	6.4	CITY-S	T-ZIP							
CITY-ST-ZIP	codify that the information supplied with	1	filma daes not qualify f	or the ex	emet	ion stated in	n Sect	ion 119.07(3)(i) Flor	ida Statutes.	I further cer	tify that	the int	formation
indicated officer or Block 12	certify that the information supplied with on this annual report or supplemental a director of the corporation or the receive or Block 13 if changed, or on an exact.	r Thi	report is true and acc trustre empowered to twit an address, with	curate an execute all other	d tha this r like e	t my signatu eport as req mpowered.	ure sh quired	all have the same le by Chapter 607, Flo	gal effect as i orida Statutes	f made under; and that m	er oath; y name	that I appea	am an ars in