**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000046143 1. Corporation Name

THE BCS GROUP INC

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90208 033 \*\*\*150.00

| THE BOO GITO                                       |  |                              |           |         |                              |                                 |  |  |                                |            |               |
|--|--|------------------------------|-----------|---------|------------------------------|---------------------------------|--|--|--------------------------------|------------|---------------|
| Principal Place of Busin                           | ness                                   | Mailing Addre                | ess       |         |                              |                                 |  | a thatifus ira (bibl idlii hari) da                                  | ##11 ##161                     |            | (20)          |
| 1301 E. ST. JOSEPH AVE                             |  |                              |           |         |                              |                                 |  | DO NOT WRI   | FE IN THIS                     | SDACE      |               |
|  |  |                              |           |         |                              |                                 | ĺ  | 3. Date incorporated or Qualifed 05/20/1998                          |                                | SPACE      |               |
| 2. Principal Place of Business 2a. Mailing Address |  |                              |           |         |                              |                                 |  | 4. FEI Number  |                                | Apr        | lied For      |
| 21   | 26                                     | ⊢ ·                          |           |         |                              |                                 | 65-083782  | 1  | No                             | Applicable |               |
| Suite, Apt. #, etc.                                | Suite, Apt. #, etc.                    |                              |           |         |                              | 5. Certifcate of Status Desired |  | \$8.75 Additional<br>Fee Required                                    |                                |            |               |
| City & Sitate                                      | City & Sta                             | City & State                 |           |         |                              |                                 | Electic n Campaign Financing     Trust Fund Contribution |  | \$5.00 May Be<br>Added to Fees |            |               |
| Zip  |  |                              |           | Country |                              |                                 | This corporation owes the current                        | ent vear Int   |                                |            |               |
| 24   | Country 25                             | 29                           |           | 30      |                              |                                 |  | Personal Property Tax.   | on your m                      | Yes        | XNo           |
|  | me and Address of Curr                 |                              | nt        | 00      |                              |                                 |  | 10. Name and Address of New F  | Registered                     | Agent      |               |
| - , , , ,  |  |                              |           |         | 81                           | Name                            |  |  |                                |            |               |
| BILLINGHAM, BRIAN C<br>1301 E. ST. JOSEPH AVE      |  |                              |           | 82      | Street                       | Addres                          | ss (P.O. Bo:: Number is Not Accepta                      | ible)  |                                |            |               |
| STUART FL  | 34996                                  |                              |           |         | 83                           |                                 |  |  |                                |            |               |
|  |  |                              |           |         | 84                           | City                            |  |  |                                | 85 Zip C   | ode           |
|  |  |                              |           |         | ) 1                          |                                 |  | ration submits this statement for the                                | <u> FL</u>                     | .          |               |
| SIGNATUFIE Signature, t                            | yped or printed name of registered a   | agen and title if applicable |           |         | d Agen                       |                                 | eq iired v   | when reinstating) ADDITIONS/CHANGES TO OF                            | DATE -                         | ID DIRECTO |               |
| 12.  | OFFICERS AND DIRECTORS  DELETE         |                              |           |         | 1.1 TITLE <b>2</b>           |                                 |  | PASCINENT  | TIOLITO                        | Change     | Addition      |
| NAME !   |  | _                            | J DECENE  |         | IAME                         |                                 | 13/  | RESIDENT<br>RIAN C. BILLINGHAM<br>ROI E. ST. JOSEPH<br>TUART, FL 345 | n                              | 3          |               |
| STREET ADDRESS                                     |  |                              |           | 1       |                              | ADDRESS                         | 13   | OI E. ST. JOSEPH   | AVE                            |            |               |
| CITY-ST-ZIP  |  |                              |           | 140     | CITY-S                       | Γ- ZIP                          | S  | TUART, FL 349  | 796                            |            |               |
| TITLE  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | DELETE                       |           |         | 2.1 TITLE                    |                                 |  |  |                                | Change     | ☐ Addition    |
| NAME   | ME                                     |                              |           |         | 2.2 NAME                     |                                 |  |  |                                |            |               |
| STREET ADDRESS                                     |  |                              |           | 2.3 9   | TREET                        | ADDRESS                         |  |  |                                |            |               |
| CITY-ST-ZIP  |  |                              |           | 2.4     | CITY-S                       | T- ZIP                          |  |  |                                |            |               |
| TITLE  | DELETE                                 |                              | 317       | TITLE   |                              |                                 |  |  | Change                         | Addition   |               |
| NAME   |  |                              |           | 321     | NAME                         |                                 |  |  |                                |            |               |
| STREET ADDRESS                                     |  |                              |           | 335     | TREET                        | ADDRESS                         |  |  |                                |            |               |
| CITY-ST-ZIP  | ·                                      |                              | 7 pc; crr |         | CITY-S                       | T-ZIP                           |  |  |                                | Change     | Addition      |
| TITLE  |  | ☐ DELÉTE                     |           | 1       | 4,1 TITLE<br>4, 2 NAME       |                                 | į.   |  |                                | ☐ Change   | C) Addition ( |
| NAME   |  |                              |           |         |                              |                                 |  |  |                                |            |               |
| STREET ADDRE 3S                                    |  |                              |           |         |                              | ADDRESS                         |  |  |                                |            |               |
| CITY-ST-ZIP  |  | ☐ DELETE                     |           |         | 4.4 City-St-ZiP<br>5.1 Title |                                 |  |  |                                | Change     | Addition      |
| TITLE  |  | L                            | J DCFF1F  | 1       | NAME                         |                                 |  |  |                                |            |               |
| NAME   |  |                              |           |         |                              | ADDRESS                         |  |  |                                |            |               |
| STREET ADDRESS                                     |  |                              |           |         | CITY-S                       |                                 |  |  |                                |            |               |
| CITY-ST-ZIP TITLE                                  |  |                              | DELETE    |         | ITTLE                        |                                 | $\vdash$   |  |                                | Change     | Addition      |
| NAME   |  | _                            |           | 6.21    | NAME                         |                                 |  |  |                                | _          |               |
|  |  |                              |           | 1       |                              | . NOODEAC                       | 1  |  |                                |            |               |
| STREET ADDRE 3S                                    |  |                              |           | 6.3     | STREET                       | ADDRESS                         | ]  |  |                                |            |               |

14. I hereby certify that the information supplied with this filling 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 coath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired 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.

ANDERS BRIAN C. B. Iling HAM 4-21-99 561-252-3146

CR2E034 (11/98)