## 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 # P98000083131 1. Corporation Name

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90067 019 \*\*\*150.00

BHII-MA	ARI, INC.				
Principal Plac	ce of Business	Mailing Address			ENDS HENDE SHAES HADDE SHAES HADD SEEDS
1					
2402 N. DIXIE HWY #9   Lake worth fl 33460		2402 N. DIXIE HWY., #9 Lake worth Fl 33460			
		2012 1001111 12 00100		DO NOT WRITE IN T	HIS SPACE
			•	3. Date Incorporated or Qualifed	
				09/24/1998	
L ' · ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0882464	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	<u> </u>	Ciby 6 State			
City & Stat	ie , <u>;</u>	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28     Zip	Country	Trust Fund Contribution	Added to Fees
24	·		30	<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>	Tintangible ☐ Yes ☐ No }
64	25 9. Name and Address of Cur		301	10. Name and Address of New Register	
	e. Halite alle Address of Call		81 Name		9-11-
OVE	ERSTROM, DAVID		<u> </u>		
2402 N. DIXIE HWY., #9			82 Street A	Address (P.O. Box Number is Not Acceptable)	
1	E WORTH FL 33460		83		
				·	
			84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 607 0	502 and 607 1508. Florida Statute	s the above-named of	corporation submits this statement for the purpose	of changing its registered
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l . office or r	registered agent, or both, in the Sta	ite of Florida. Such change was au	thorized by the cornor	ration's board of directors. I hereby accept the ap	pointment as registered
l . office or r	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change was au igations of, Section 607.0505, Flori	thorized by the cornor	ration's board of directors. I hereby accept the ap	pointment as registered
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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 of Thornged, oppning attachment with an address, with all other like empowered.

SIGNATURE: