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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90017 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000093029

1. Corporation Name

BNL ENTERPRISES INC ✓

Principal Place of Business

Mailing Address

2601 GULF BLVD
INDIAN ROCKS BLVD, FL
33785

2279 WILLOW BROOK DR
CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

NOV 2 1998

4. FEI Number

59-3539842 ✓

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARD S HIRST
2279 WILLOW BROOK DRIVE
CLEARWATER, FL 33764

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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: Edward S Hirst

4-23-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: P/D
NAME: EDWARD S HIRST
STREET ADDRESS: 2279 WILLOW BROOK DR
CITY-ST-ZIP: CLEARWATER, FL 33764
TITLE: P/D
NAME: YOUNG S, HIRST
STREET ADDRESS: 2279 WILLOW BROOK DR
CITY-ST-ZIP: CLEARWATER, FL 33764
TITLE: [] DELETE
NAME: [] DELETE
STREET ADDRESS: [] DELETE
CITY-ST-ZIP: [] DELETE
TITLE: [] DELETE
NAME: [] DELETE
STREET ADDRESS: [] DELETE
CITY-ST-ZIP: [] DELETE

1.1 TITLE: [] Change [] Addition
1.2 NAME: [] Change [] Addition
1.3 STREET ADDRESS: [] Change [] Addition
1.4 CITY-ST-ZIP: [] Change [] Addition
2.1 TITLE: [] Change [] Addition
2.2 NAME: [] Change [] Addition
2.3 STREET ADDRESS: [] Change [] Addition
2.4 CITY-ST-ZIP: [] Change [] Addition
3.1 TITLE: [] Change [] Addition
3.2 NAME: [] Change [] Addition
3.3 STREET ADDRESS: [] Change [] Addition
3.4 CITY-ST-ZIP: [] Change [] Addition
4.1 TITLE: [] Change [] Addition
4.2 NAME: [] Change [] Addition
4.3 STREET ADDRESS: [] Change [] Addition
4.4 CITY-ST-ZIP: [] Change [] Addition
5.1 TITLE: [] Change [] Addition
5.2 NAME: [] Change [] Addition
5.3 STREET ADDRESS: [] Change [] Addition
5.4 CITY-ST-ZIP: [] Change [] Addition
6.1 TITLE: [] Change [] Addition
6.2 NAME: [] Change [] Addition
6.3 STREET ADDRESS: [] Change [] Addition
6.4 CITY-ST-ZIP: [] Change [] Addition

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: Edward S Hirst EDWARD HIRST

4-23-99

727-595-8913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)