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

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90157 003 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Corporation Name	S05452
DEC INO	

BFC, INC.

City & State

District			
Principal Place of Business	Mailing Address		
4011 N. FORBES ROAD PLANT CITY FL 33565	4011 N. FORBES ROAD PLANT CITY FL 33565		
Principal Place of Business The Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

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City & State

 3. Date Incorporated or Qualifed 10/11/1990	
4. FEI Number	 Applied For
59-3039716	Not Applicat
5. Certifcate of Status Desired	\$8.75 Additional Fee Required
6, Election Campaign Financing Trust Fund Contribution -	\$5.00 May Be Added to Fees

Country		Zip Country			Trust Fund Contribution -	Adde	Added to Fees		
25	29	30	intry		This corporation owes the current y Personal Property Tax.	ear Intangible	□No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
VASH, DALE W.			81	Name		oto, ou Algorit	-		
501 EAST KENNEDY BLVD.				Street Addre	dress (P.O. Box Number is Not Acceptable)				
TAMPA FL 33602			83	-					
			84	City		- 85 Zi	D Code		

11. Pursuant to the provisions of Sections 607 0502 and 607 1509.

agent. I a	registered agent, or both, in the State of Florida. Such om familiar with, and accept the obligations of, Section 6	hange was au 107.0505, Flori	thorized by the cor	d corporation submits this statement for the poration's board of directors. I hereby acc	ne purpose of changing i pept the appointment as	ts registered registered
SIGNATURE	*					
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: I	Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	<u>-</u>		
TILE		DELETE	1.1 TITLE	ADDITIONS/CHANGES TO C		
IAME	Piergallini, Daniel E.		1.2 NAME		☐ Change	Addition
TREET ADDRESS	4011 N. FORBES RD.			1		
TTY-ST-ZIP	PLANT CITY FL		1.3 STREET ADDRESS			
ITLE	<u> </u>	DELETE	1.4 CITY-ST-ZIP		<u> </u>	ļ
ME I	SMITH, BRUCE G.) pereie	2.1 TITLE	}	☐ Change	☐ Addition
TREET ADDRESS			2.2 NAME		,	,
	2507 BORDEAUX WAY		2.3 STREET ADDRESS			J
TY-ST-ZIP	LUTZ FL		2.4 CITY-ST-ZIP			
TLE		DELETE	3.1 TITLE			- Addres
AME			3.2 NAME		☐ Change	☐ Addition
TREET ADDRESS			3.3 STREET ADDRESS			
TY-ST-ZIP					* *	1
TLE		DELETE	3.4. CITY-ST-ZIP			
ME		DUCETE	4.1 TITLE		☐ Change	☐ Addition
REET ADDRESS			4.2 NAME			Į.
			4.3 STREET ADDRESS			[
Y-ST-ZIP			4.4 CITY-ST-ZIP			1
		DELETE	5.1 TATLE		☐ Change	Addition
ME			5.2 NAME			
REET ADDRESS			5.3 STREET ADDRESS		•	
Y-ST-ZIP			5.4 CITY-ST-ZIP			j
LE .		DELETE	6.1 TITLE	<u> </u>		
4E		DECELLE			☐ Change	☐ Addition
REET ADDRESS			6.2 NAME			ſ
VEE I ADURESS			6.3 STREET ADDRESS		*	

6.4 CITY-ST-ZIP 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 reviewer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empowered.

IGNATURE: