COR ANNU	DTICE: CORPORATION JE ON OR BEFORE 09/30/98: PROFIT RPORATION JAL REPORT 1998	WILL BE DISSOLVE, \$550 (IF DISSOLVED,	MINIMUM AMOUNT DU FLORIDA DEP/ Sandra Secret	R SEPTEMBER 30, 19 IE TO REINSTATE: \$750). ARTMENT OF STATE B. Mortham ary of State CORPORATIONS	Oct 07 1	ILED 998 8:00ar ary of State
DOCU 1. Corporatio B & G T	A 40-A 1-7- //	5176 _{Mai}	(8)			
90 ESTRELLA CIR 7690 ESTRELLA CIR DCA RATON FL 33433 BOCA RATON FL 33433					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					11/27/1990	— —
-1	Place of Business		Malling Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.		65-0241757	88.75 Additional
		27	04.0		5. Certificate of Status Desired	Fee Required
City & Stat	te	28	City & State		 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees
Zip	Country		Ζιρ	Country	 This corporation owes or has pair Personal Property Tax due June 	
l	25 9. Name and Address	29 s of Current Registe	ored Agent		10. Name and Address of New Reg	
1. Pursuant office or	ALAMI FL 33181 to the provisions of section registered egent, or both, formit decomposition	ns 607.0502 and 607 In the State of Florida	1508, Florida Statut	83 84 City les, the above-named cor	poration submits this statement for the pure	FL 85 Zip Code
-	ann faithlian with, ann acord	pt the obligations of,	section 607.0505, F	authorized by the corpor- lorida Statutes.	ation's board of directors. I hereby accept t	he appointment as registered
	Signature, typed or printed name of		section 607.0505, F	Iorida Statutes.	required when reinstating)	DATE
IGNATURE	Signature, typed or printed name of OFF		section 607.0505, F	Iorida Statutes. IOTE: Registered Agont signature i 13.		DATE CERS AND DIRECTORS IN 12
IGNATURE LE ME REET ADDRESS	Signature, typed or printed name of OFF COHEN, BONNIE L. 7690 ESTRELLA CIR	registered agent and title if a	section 607.0505, F	Iorida Statutes. IOTE: Registered Agent signature i 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS	required when reinstating)	DATE
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