## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S35046

(9)

DOCUMENT #

1. Corporation Name BC CORPORATION OF WINTER PARK

Principal Place o								- I OM DIVIDIO COM SCORE MAILE MAI			
	f Business		Mai	ling Address							
1031 W. MO	rse blyd.			1031 W. MORSE BL	.VD.						
STE. 300	STE. 300 Winter Park Fl. 32789						( ) > F				
WINTER PARK FL 32789 WINTER PARK FL 3								3. Date Incorporated or Qualified 03/01/1991	3a. Date 0	5/01/1	
. Principal Plac	ce of Busines	S	2a.	Mailing Address				4, FEI Number			Applied For
			26					59-3056688		11	Not Applicable
Suite, Apt. #,	etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Stoke			21	City & State				6. Election Campaign Financing		\$5.0	00 May Be
City & State			28	ony a onno				Trust Fund Contribution			ed to Fees
Zip		Country		Zip	7 0	ountry		8. This corporation has liability for	intangible tax	under s	199.032,
***	:	25	29		30			Florida Statutes			
	9. Name	and Address of Curre	nt Regist	ered Agent				10. Name and Address of New R	egistered A	gent	
						81	Name				
MOULTON, LESLEY						82	Street Addr	ress (P.O. Box Number is Not Acceptab	ole)		
1031 W. MORSE BLVD.											
STE. 30	00					83					
WINTER	r park fl	32789				84	City		FL	85 2	Zip Code
										Щ.	clatavad off
or registers	ad agont or l	ooth in the State of Flo	nga Sucr	i change was auulon	izeu uv in	e corp	oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	ointment as	registera	id agent. I am
familiar with	n, and accep	t the obligations of, Sec	ction 607.	USUS, Florida Statute	s.						
GNATURE _	Shorat en trond e	r printed name of registered age	of and title if a	applicable.	NOTE Registe	ered Ager	nt signature require	od when reinstaling)	DATE		
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IME .		ES, JAMES T JR.			1.3	2 NAME					
REET ADDRESS	1031	W. MORSE BLVD. #	300		1.3	3 STAFE	ADDRESS				
	MARKITE	R PARK FL			.1.	4 CITY-	ST-ZIP				CT Addition
TY-ST-ZIP	AAIIAI	N FARN FL									e 🔲 Additio
	SD			☐ DELETE	. 2	1 TITLE		, , , , , , , , , , , , , , , , , , ,		] Change	
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certify that the information indicated on this annual report or supplemental arrival report is true and accurate and that my signature shall have the same legal energy as in made on 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.