


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S35887 (6)

1. Corporation Name
BESS-KOLSKI-COMBS, INC.

Principal Place of Business
10936 NORTH EAST 6TH AVE.
MIAMI FL 33161-7134

Mailing Address
4126 NORLAND AVE.
BURNABY BC., CANADA V5G3S-8



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0254818	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAS	1.1 TITLE	VP
NAME	HYNDMAN PETER S.	1.2 NAME	JEFFREY L. CASHNER
STREET ADDRESS	4126 NORLAND AVE.	1.3 STREET ADDRESS	801 TEAS ROAD
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	1.4 CITY-ST-ZIP	CONROE, TX 77303
TITLE	C	2.1 TITLE	
NAME	LOEWEN, RAYMOND L.	2.2 NAME	
STREET ADDRESS	4126 NORLAND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	2.4 CITY-ST-ZIP	
TITLE	PAS	3.1 TITLE	P
NAME	RUSSELL ROBERT D.	3.2 NAME	
STREET ADDRESS	200 NORTH FEDERAL HWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH., FL 33082	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	ROLLINGS, GREGORY K	4.2 NAME	
STREET ADDRESS	681 NORTH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JONESBORO GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	LOEWEN, RAYMOND L.	5.2 NAME	
STREET ADDRESS	4126 NORLAND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ Peter S. Hyndman 03/20/98 (604) 290-0221

CP2E034 (10/97)