AMENDED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00, **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION **ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 5 7/358 1. Corporation Name BFL MARKETTING GROUP, INC.

FILED 97 AUG -5 PM 4: 19

SECHETARO OF STATE TALLAHASSEE, FLORIDA

<u></u>		
Principal Place of Business	Mailing Address	,
6215 N FEBERAL	. Hwy	
FORT LANDERDACE.	FL 33308	

HOLT LANDERD ALE, FL 33308			
	3. Date Incorporated or Qualified 3a. Date of Last Report 4/30/97		
2. Principal Place of Business  2e. Mailing Address	4. FEI Number Applied For		
Suite, Apt. #, etc. Suite Apt. #, etc.	DERAC Huy 65-0280851 Not Applicable		
Em Suite: 1 par 1, ster	5. Certificate of Status Desired \$8.75 Additional		
22     27	Fee Required		
23 FORTLANDERDACE, FL 28 FORT LANDE	DENDATE, FC 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees		
Zip Country Zip	Country  8. This corporation has liability for intangible tax under s. 199.032,		
	30 Florida Statutes Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
BRIAN W. MILLER 81 Name			
2311 NW 39 Tell 82 Street Address (P.O. Box Number is Not Acceptable)			
Cocoput Creek FL 33066 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			
t agent rain rappear with and accept the obligations of Section 607,0505, Florida Statilies.			
SIGNATURE Signature, typod or printed name of registered agent and title if applicative (NOTE F	J MIUAC 30 Juy 87 Rogisterod Agent signature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS	Rog sterod Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P BRIAN W MILLER DELETE	11 TITLE P BRIAN W MILLER Change Addition		
NAME 2311 NW 39 TERR	12 NAME 2311 NIW 39 TERR		
STREET ADDRESS COCONUT Creek FL 33066	4.0 PTRICT ADDRESS		
CITY-ST-ZIP COCONUL CIEER 12 33006	14CITY-ST-ZIP COCOMUT CREEK, FC 33066		
TITLE VP	21 TITLE VP LORETTA MILLER Change DA Addition		
NAME	22 NAME Z311 NW 39 TERR		
STREET ADDRESS	23 STREET ADDRESS OUCDNUT CLEEK, FL 33066		
CITY-ST-ZIP	2. 4 CHY-ST-ZIP		
TITUS DELETE	31 TITLE DEBRA ROBERTSON Change Addition 32 NAME : 2840 NE 14 ST #414A		
NAME SERET ADDRESS	32 NAME . 2840 NE 14 ST #414A		
I ♥ I	33 STREET ADDRESS POMPANO BEACH. FC 33062		
CITY-ST-ZIP  TITLE   DELETE	3.4 (111-51-21)		
NAME	INICHIE SHEEVE COMMON		
STREET ADDRESS	1260 N 57 AVE AND 3		
CITY-SI-ZIP	44 CITY-ST-ZIP HOLLIGWOOD, FC 33020		
TITLE DELETE	51 liTLE Change Claddition		
NAME	52 NAME 10 10 10 10 10 10 10 10 10 10 10 10 10		
STREET ADDRESS	53 STREET ADDRESS D8/08/97		
CHTY - ST - ZIP	5 4 CITY - ST-ZIP ************************************		
TITLE DELETE	61 TITLE Change Addition		
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		
]			
14. I do hereby certify that the information supplied with this filing does not qualify f			

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 tam 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: BIGNATURE AND

(954)772 2076

## AMENDED FILE NOW: FILING FEE AFTER MAY 1 IS \$5

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 AUG +5 PM 4: 19 DOCUMENT # 5 7/358 SECHÊTART OF STATE BIL MARKETTING GROUP, INC. TALLAHASSEE, FLORIDA Principal Place of Business 6215 N FEDERAL HWY FORT LANDERD ALE, FL 33308 3. Date Incorporated or Qualified 8/2/91 3a. Date of Last Report 4/30/97 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 6215 N FEDERAL HOUR 65-0280851 21 6215 N FEDERAL HULL Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired П Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 FORT LANDERDALE, FL 23 FORTLANDERDALE, FL Trust Fund Contribution Added to Fees 3330B 8. This corporation has liability for intangible tax under s. 199.032, 33300 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BRIAN W. MILLER 82 Street Address (P.O. Box Number is Not Acceptable) 2311 NW 39 Tell Cocopie creek FL 33066 83 84 City 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

SI Signature, typod or printed name of registered agent and title if applica (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Change Addition BRIAN W MILLER TITLE 1 1 TITLE BRIAN W MILLER Change MAddition 1.2 NAME 2311 NW 39 TERR NAME 2311 NW 39 TERR 1.3 STREET ADDRESS STREET ADDRESS COCONUT Creek FL 33066 COCOMUT CREEK, FL 33066 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETÉ LORETTA MILLER TITLE VP 21 TITLE 2311 NW 39 TERR 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS OUCONNT CREEK, FL 33066 2. 4 CHTY-ST-ZIP CITY-ST-ZIP TIT**I7** Change Addition DELETE DEBRA ROBERTSO.J NAME 2840 NE 14 ST #414A 3.2 NAME SPREET ADDRESS 3.3 STREET ADDRESS POMPANO BEACH. FC 33062 CITY-ST-ZIP 3.4. CITY+ST-ZIP Change Addition DELETE NICOLE SHREVE 4.1 TITLE 4.2 NAME NAME 1260 N 59 AVE APT S 4.3 STREET ADDRESS STREET ADDRESS 33020 HOLLIWOOD, FC. 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5 1 TITLE 5.2 NAME NAME -08/08/97--01130--002 STREET ADDRESS 53 STREET ADDRESS 柳柳桃儿子5、 CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TATLE 61 TITLE NAME 6 2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-71P 14. I do 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: S SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Date Date Deptime Prints 4