

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S72513** (2)

1. Corporation Name

BCF ACQUISITIONS, INC.



Principal Place of Business

**1401 LEE ROAD
ORLANDO FL 32810**

Mailing Address

**1401 LEE ROAD
ORLANDO FL 32810**

3. Date Incorporated or Qualified
08/06/1991

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number
59-3082463

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DUNFEE, ROBERT E.
1401 LEE ROAD
ORLANDO FL 32810**

10. Name and Address of New Registered Agent

81 Name **ERNEST KUEHLER**

82 Street Address (P.O. Box Number is Not Acceptable)
1401 LEE ROAD

83

84 City **ORLANDO FL** 85 Zip Code **32810**

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

Ernest Kuhler
Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

ERNEST KUEHLER

DATE

2/7/96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MUROSKE, JOHN E.**
STREET ADDRESS **1401 LEE ROAD**
CITY-STATE-ZIP **ORLANDO FL**

TITLE **D** ☒ DELETE

TITLE **BISHOP, C. KEN**
STREET ADDRESS **1051 WINDERLEY PL**
CITY-STATE-ZIP **MAITLAND FL**

TITLE **D** ☐ DELETE

TITLE **ROGERS, DONALD C.**
STREET ADDRESS **1401 LEE ROAD**
CITY-STATE-ZIP **ORLANDO FL**

TITLE **S** ☒ DELETE

TITLE **DUNFEE, ROBERT**
STREET ADDRESS **1401 LEE RD**
CITY-STATE-ZIP **ORLANDO FL**

TITLE **T** ☐ DELETE

TITLE **KUEHLER, ERNEST**
STREET ADDRESS **1401 LEE RD**
CITY-STATE-ZIP **ORLANDO FL**

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/96

(407) 298-6600

CR2E034 (12/95)