

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S79571 (3)
1. Corporation Name
BH/PH DEALER '30' GROUP, INC.



Principal Place of Business
1725 MEMORIAL PARK DR.
JACKSONVILLE FL 32204
US

Mailing Address
1725 MEMORIAL PARK DR.
JACKSONVILLE FL 32204
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 701 Fisk St.	26 701 Fisk St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 310	27 310
City & State	City & State
23 Jacksonville, FL	28 Jacksonville, FL
Zip	Zip
24 32204	29 32204
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	Applied For
09/06/1991	Not Applicable
4. FEI Number	
59-3173053	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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

10. Name and Address of New Registered Agent

HERZOG, GERALD W.
701 FISK ST.
JACKSONVILLE FL 32204

81 Name	Pamela L. Wiker
82 Street Address (P.O. Box Number is Not Acceptable)	701 Fisk St., Suite 310
83	
84 City	Jacksonville
85 Zip Code	FL 32204

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 Pamela L. Wiker

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KOPP, E A JR
STREET ADDRESS	401 FISK ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD
NAME	HERZOG, GERALD W
STREET ADDRESS	701 FISK ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	STD
NAME	MEY, BRUCE D
STREET ADDRESS	701 FISK ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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.

Ernest A. Kopp Jr. 4/2/98

CR2E034 (10/97)