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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V71284

1. Corporation Name

B S D ASSOCIATES, INC.

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Principal Piece of Business							
The Part Concourse   Suite 3	Principal Place	of Business	Mailing Address				
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US  US  10. Principal Place of Business 2. Mailing Address 4. FEI Number 65-088-943 4. FEI Number 65-088-943 5. Contrictate of Status Desired 58. 75 Additional Pers Required City & State 2. City & State 2. City & State 2. City & State 2. City & State 3. Contrictate of Status Desired 3. Contrictate of Status Desired 3. Suffice April 4, etc. 3. Contrictate of Status Desired 4. Election Campaign Financing Trust Fund Contribution 4. Election Campaign Financing Trust Fund Campaign Financing Trust Fund Contribution 4. Election Campaign Financing Trust Fund Campaign Finan		OODINGE					
2. Principal Place of Business	BAY HARBOR F	L 33154					
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Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip		9	<b>⊢</b> ₁ ′				
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 SUITE 911  CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 807,0502 and 807,1508, 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 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 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 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 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 submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the Statutes, the above-named corporation submits this		Country	<del></del>	Cou	ntrv		
9. Name and Address of Current Registered Agent  GREENFIELD, ALAN E. 2600 DOUGLAS ROAD SUITE 911 CORAL GABLES FL 33134  4 Dity FL STEP ADDRESS  GREENFIELD, ALAN E. 2600 DOUGLAS ROAD SUITE 911 CORAL GABLES FL 33134  5 STREET ADDRESS  GADINSKY, SETH 10-8 STREET ADDRESS  GADINSKY, SETH 10-8 STREET ADDRESS  GITY-51-79  1-9 STREET ADDRESS  GITY-51-79  1-1 DELETE 1-1 TITLE 1-1 DELETE 1-1 TI		r— ·					
GREENFIELD, ALAN E. 2600 DOUGLAS ROAD SUITE 911 CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-more corporation submits this statement for the purpose of changing its prejistered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more corporation submits this statement for the purpose of changing its prejistered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more corporation submits this statement for the purpose of changing its prejistered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more corporation submits this statement for the purpose of changing its prejistered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more corporation submits this statement for the purpose of changing its prejistered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more corporation submits this statement for the purpose of changing its prejistered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more corporation submits this statement for the purpose of changing its prejistered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more corporation submits this statement for the purpose of changing its prejistered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes, and accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I a	24			30		<del></del>	
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CORAL GABLES FL 33134  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. When the statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of S				,	82	Street Add	Iress (P.O. Box Number is Not Acceptable)
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Signature, typed or printed amore of ingiplatered agent and tild if alpitalows   (NoTE expetitored light in signature inquired when initiatating)   (DATE	agent. I a	m familiar with, and accept the obliga	tions of, Section 607,0505, Flor	ida Siati	utes.		}
12.	SIGNATURE	Signature, hand or profest name of registered appear	at and title if applicable /NOTE:	Registered	Agent	signature reguire	ed when reinstating) DATE
TITLE							
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1048 KANE CONCOURSE, 2B				1.2 NA	ME		
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				6.4 CJ	TY-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 with all other like empowered.

SIGNATURE: _

Daytime Phone #