0312 999-90016-006-$600.00-$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 602706

1. Corporation Name
BMJ BROG, INC.

[redacted]

Principal Place of Business	Mailing Address
903 MEADOWS ROAD BOCA RATON FL 33486-2398 US	903 MEADOWS ROAD BOCA RATON FL 33486-2398 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
03/08/1971

4. FEI Number
59-1346737
☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~QUINN,LEO F~~
~~903 MEADOWS ROAD~~
~~BOCA RATON FL 33486~~

10. Name and Address of New Registered Agent

81 Name
CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
83
TALLAHASSEE, FL 32301-2525
84 City TALLAHASSEE, 85 FL Zip Code 32301-2525

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 Laura R. Dunlap Laura R. Dunlap, as agent 4-12-99
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	QUINN, LEO F		1.2 NAME	SWEET, CHARLES E.	
STREET ADDRESS	903 MEADOWS RD		1.3 STREET ADDRESS	4800 N. FEDERAL HWY #101-E	
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	V	☑ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	WOLLOWICK, BURTON S		2.2 NAME	LURIA, NEIL F.	
STREET ADDRESS	903 MEADOWS RD		2.3 STREET ADDRESS	4800 N. FEDERAL HWY #101-E	
CITY-ST-ZIP	BOCA RATON, FL 00000		2.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	ST	☑ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	PURITA, JOSEPH R.		3.2 NAME	FATER, DAVID H.	
STREET ADDRESS	903 MEADOWS RD		3.3 STREET ADDRESS	4800 N. FEDERAL HWY #101-E	
CITY-ST-ZIP	BOCA RATON, FL 00000		3.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VP	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHOSHEIM, PETER M.		4.2 NAME		
STREET ADDRESS	903 MEADOWS RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KREBSBACH, MICHAEL J.		5.2 NAME		
STREET ADDRESS	903 MEADOWS ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, CHARLES E.		6.2 NAME		
STREET ADDRESS	903 MEADOWS ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: SIGNATURE REQUIRED 1/20/99 561-32-134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #