

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:25

DOCUMENT # **J60298** (3)

1. Corporation Name
BEMOCO CONSOLIDATED, INC.

Principal Place of Business Mailing Address
4801 S. UNIVERSITY DR. SUITE #305 DAVIE FL 33324 **2269 S. UNIVERSITY DR. SUITE 106 DAVIE FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **02/23/1987** 3a. Date of Last Report **06/03/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0001081		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip 33328 Country		Zip Country					
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIROTA, BEVERLY MORGAN 3659 CITRUS TRACE DAVIE FL 33328				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____
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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIROTA, BEVERLY MORGAN	1.2 NAME	
STREET ADDRESS	3659 CITRUS TRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIETE, KATHLEEN	2.2 NAME	
STREET ADDRESS	10100 N.W. 14TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIROTA, DIANE	3.2 NAME	
STREET ADDRESS	12471 SW 11 CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diane Sirota (Diane Sirota)* 4/3/95 305 680 9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #