

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000082205 (4)
 1. Corporation Name
BCM SERVICES INC.



Principal Place of Business 9551 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32256	Mailing Address 9551 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1993		4. FEI Number 59-3210432		Applied For Not Applicable
2. Principal Place of Business 21 9471 Baymeadows Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 9471 Baymeadows Rd. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
22 404 City & State	27 404 City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
23 Jacksonville, FL Zip Country	28 Jacksonville, FL Zip Country	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
24 32256	25 Duval	29 32256		30 Duval

WALLACE, L. D
9551 BAYMEADOWS RD.
SUITE 4
JACKSONVILLE FL 32256

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLEMAN, MICHAEL A.		1.2 NAME	
STREET ADDRESS 9551 BAYMEADOWS RD. SUITE 4		1.3 STREET ADDRESS 9471 Baymeadows Road, Ste. 404	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP Jacksonville, FL 32256	
TITLE VST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLEVINS, TERRY L		2.2 NAME	
STREET ADDRESS 9551 BAYMEADOWS RD S4		2.3 STREET ADDRESS 9471 Baymeadows Road, Ste 404	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP Jacksonville, FL 32256	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME L DENISE WALLACE		3.2 NAME	
STREET ADDRESS 9551 BAYMEADOWS ROAD, SUITE 4		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *BCM Services, Inc* _____ DATE: *3-29-98* _____

CR2E034 (10/97)