

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **PG5000039046**
1. Corporation Name
BMS of Broward, Inc.

Principal Place of Business Mailing Address
5901 S.W. 74 ST. # 205 So. Miami, Fl. 33143 **5901 S.W. 74 ST. # 205 So. Miami, Fl. 33143**

2. Principal Place of Business 2a. Mailing Address
21 **8300 N. University Dr.** 26 **5901 SW 74 ST.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **205** 27 **205**
City & State City & State
23 **Tamarac, Fl.** 28 **So. Miami**
Zip Country Zip Country
24 **FL 33324** 25 **Broward** 29 **Fl.** 30 **Dade**

3. Date Incorporated or Qualified **5/16/95** 3a. Date of Last Report
4. FEI Number **65-0586523** 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 has liability for intangible tax under s. 199.012, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
VICTOR BROWN
5901 S.W. 74 ST.
#205
So. Miami, Fl. 33143

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature of current registered agent and the applicable (Part 1) Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	Vice President <input type="checkbox"/> DELETE
NAME	VICTOR BROWN
STREET ADDRESS	5901 S.W. 74 ST. # 205
CITY-ST-ZIP	So. Miami, Fl. 33143
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	VICTOR BROWN
13 STREET ADDRESS	5901 S.W. 74 ST. # 205
14 CITY-ST-ZIP	So. Miami, Fl. 33143
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	600001902576 <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-07/23/96--01141--019
53 STREET ADDRESS	***225.00
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 do hereby certify that the information supplied with this filing is accurately 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: _____ DATE: **6/19/96** **305-445-8885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VICTOR BROWN**

CR2E034 (3/96)