

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P95000054050 (6)**

1. Corporation Name
BMM, INC.



Principal Place of Business 2726 SPRING GLEN ROAD JACKSONVILLE FL 32207	Mailing Address 2726 SPRING GLEN ROAD JACKSONVILLE FL 32207-5012
---	--

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date incorporated or Qualified 07/13/1995		3a. Date of Last Report 01/29/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3326483		Applied For ☐ (Not Applicable)	
City & State 23		City & State 28		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip 24		Country 25		Zip 29		Country 30	
				6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent MAGYAR, BELA M 2726 SPRING GLEN ROAD JACKSONVILLE FL 32207				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 607.1503, 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	PTD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	MAGYAR, BELA M			1.2 NAME			
STREET ADDRESS	2726 SPRING GLEN ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	PARADISE, CAROL C			2.2 NAME			
STREET ADDRESS	2726 SPRING GLEN ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ 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 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.

CR2E034 (9/96)