

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

FILED
Feb 18, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

02-18-1999 90136 010 ***150.00

DOCUMENT # P95000054050

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1995

4. FEI Number

59-3326483

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.

[x] Yes

[] No

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

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 607.1508, 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

Table with 5 rows for officers and directors. Columns include Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. Row 1: PTD, MAGYAR, BELA M, 2726 SPRING GLEN ROAD, JACKSONVILLE FL 32207. Row 2: S, PARADISE, CAROL C, 2726 SPRING GLEN ROAD, JACKSONVILLE FL 32207.

Table with 8 rows for additions/changes to officers and directors. Columns include Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition. Rows 1-4 are blank. Rows 5-8 contain data for officers 5.1-5.4 and 6.1-6.4.

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] DATE: 01. 29. 99. 904/396-3749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #