SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Sep 30 1998 8:00am

Secretary of State

- Pr**adical**y (18 1814) (8 0); Bolid Cold Cold Cold Cold Cite (180) (180)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035117 (5)

BDM, INC.

Principal Place of Bus iness Mailing Address					to titer arent tiber tient ifier tafer		
HIGH QUALITY.	HIGH QUALITY, INC.						
213 SHEFFIELD CIRCLE PALM HARBOR FL 34683		213 SHEFFIELD CIRCLE PALM HARBOR FL 34583			DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
		THEM INDIQUITE STORE			3. Date Incorporated or Qualified		
					04/17/1997		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number ()	Applied For	
21		26			Dealed to	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22	······································	27			5. Certificate of Status Desired L.J	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28}	T		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu		
24]	9. Name and Address of Curre	[29]	30		Personal Property Tax due June 30. Yes No		
ENID		ur Kedistelen Adeur		1 Name	10. Name and Address of New Registered	1 Agent	
	Sley, walter s 62ND way north						
	PETERSBURG FL 33710		82 Street Add		ress (P.O. Box Number is Not Acceptable)		
31. I	relendound fe 33/ IU		8:	2			
			"	1			
			8	City	FI	85 Zip Code	
11 Dureyant	to the provisions of postions 607 B60	2 and 607 1509. Florida Protesta		<u> </u>			
office or i	regist ere d agent, or both, in the State	eof Florida. Such change was a	authorized b	v the corpor	poration submits this statement for the purpose of cation's board of directors. I hereby accept the appo	h ang ing its registered Sin tm ent as registered	
agent. I a	am familiar with, and accept the oblig	ations of, section 607.0505, Fig	orida Statute	S.	· · · · · · · · · · · · · · · · · · ·	•	
SIGNATURE .	Signature, typed or printed name of registered age	o) and title of monlicable. (At	OTC: Designed	Annel signature	required when reinstating) DATE	- -	
12.		ID DIRECTORS	13.	woeur sibuainta	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIDECTORS IN 12	
TITLE	DPS	DELETE	1.1 TITLE		Application and the control of the c	Change Addition	
NAME	MILLER, BRADLEY D	[] DECE 12	1.2 NAME			Change Addition	
STREET ADDRESS	213 SHEFFIELD CIRCLE		1.3 STREE	TADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE	1		Change Addition	
NAME			2.2 NAME			Change L Addition	
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2.4 CITY-S	T-ZIP			
TITLE		DELETE	3,1 TITLE			Change Addition	
NAME			3.2 NAME			Change L. Hodilon	
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4 CITY-S	T-ZIP			
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-S	T-ZIP			
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP		···	5.4 CITY-S	T-ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME]			
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6 4 CITY-S				
14. I hereby ce	rlify that the information supplied with	this filing does not qualify for th	ne exemption	stated in se	ection 119.07(3)(i), Florida Statutes. I further certify	that the information	
an officer o	n triis annual report of supplemental	annual report is true and accur celver or trustee empowered to	alo and Inai	mv sionatui	re shall have the same legal effect as if made under required by Chapter 607, Florida Statutes; and that	ormath that Iam I	