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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032356

1. Corporation Name

BMC CLASSICS, INC.

Mailing Address
828 N. DIXIE FREEWAY NEW SMYRNA BEACH FL 3210

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

02-18-1999 90010 030 ***150.00



					<u> </u>	/ 	111 4 4 111 1841
Principal Place	a of Business	Mailing Address			1 (Belled) lis leth than belle abili sour color (
828 N. DIXIE FR	REEWAY	828 N. DIXIE FREEWAY					
	IEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168			DO NOT WRITE IN THIS S	SPACE		
					3. Date Incorporated or Qualifed		• •
					04/09/1997		
B Deinsing D	and of Rusiness	2a. Mailing Address			4. FEI Number	TADE	lied For
⊢ .	ace of Business	26			65-0745095		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	
22	m, 000.	27			5. Certifcate of Status Desired	Fee Rec	quired
City & State	e	City & State		·	6. Election Campaign Financing	\$5.00 N	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	y	8. This corporation owes the current year Inta	ngible	,
24	25	29 30	29 30		Personal Property Tax.	Yes [□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	.gent	
		-	81	Name	•		
	MER, BARRY N		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
101 YELKCA TERR., STE. B				0			
EDGI	EDGEWATER FL 32132		83	3			
			84	City		85 Zip C	ode
					FL		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named corp	poration submits this statement for the purpose of control of the statement for the purpose of the statement for the purpose of the statement for the statement for the statement for the statement for the purpose of the statement for the statement fo	hanging its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autf	iorizea bi	/ the corporation	on's board of directors. I hereby accept the appoin	lment as reg	Jistered
	in isnina. With, and accept the obligat	10110 01, 0002011 001,10111, 11111					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Age	ent signature require	ed when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DP	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	BRANDNER, HAROLD		1.2 NAME				
STREET ADDRESS	110 YELKCA TERR.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	EDOMANTED EL COMO		1.4 CITY-	ST-ZIP			
TITLE	DT	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	BRANDNER, EVA		2.2 NAME				Í
STREET ADDRESS	110 YELKCA TERR.		2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	EDGEWATER FL 32132		2. 4 CITY-	ST-ZIP	للمناف المناوع في والمعلقة والمعاود والمناف والم والمناف والمناف والمناف والمناف والمناف والمناف والمناف والمن	<u> </u>	
TITLE	DS	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	AFTUCK, ED	F 4	3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			. 1
CITY-ST-ZIP	NEW SMYRNA BEACH FL 3216	i8	3.4. CITY-	ST-ZIP		<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		٠. ،	Change	☐ Addition
NAME			4. 2 NAME	·			
STREET ADDRESS			4.3 STREE	ET ADORESS	·		ŀ
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
1	1		CONME	. 1			+

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 estachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition