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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 567722

(4)

BAMSI INCORPORATED					
Principal Plac	e of Rusiness	Mailing Address			
1650 CHAFFE		PO BOX 1659			
TITUSVILLE FL 32780 TITUSVILLE FL 32781-165					
US		US		DO NOT WRITE IN TH	IIS SPACE
				04/04/1978	
2. Principal P	face of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-1855293	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27					Fee Required
City & State	ė	City & State	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Zip	Country	8. This corporation owes or has paid the	
24	25	<u></u>	30	Personal Property Tax due June 30.	Yes No
2-11	g. Name and Address of Currer			10. Name and Address of New Register	ed Agent
BROWN, INA M 81 Name				•	
1650 CHAFFEE DR.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
TITUSVILLE FL 32780				· · · · · · · · · · · · · · · · · · ·	
			83		
			84 City		85 Zlp Code
## Burguant	to the provisions of Sections 607 050	12 and 607 1508 Florida Statutes	s the above-named corn	poration submits this statement for the nurnos	e of changing its registered
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.					
1	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida statutes.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE.	Registered Agent signature require	red when reinstating) DAT	Ē 1
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	BROWN, HUGH M.		1.2 NAME		ļ.
STREET ADDRESS	3740 RANEY ROAD		1.3 STREET ADDRESS		ļį
CITY-ST-ZIP	TITUSVILLE FL 32780	☐ DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE	vstd Brown, ina m	☐ DELETE	2.1 TITLE 2.2 NAME		Charge C Addition
NAME STREET ADDRESS	3740 RANEY ROAD		2.2 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		Change Addition
NAME	RANDALL, MARSHALL B		3.2 NAME		
STREET ADDRESS	645 CAIMAN ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH FL		3.4. CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KING, CAROL SUE		4. 2 NAME		
STREET ADDRESS	1377 PALMER COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL	l bevere	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
			6.3 STREET ADORESS	•	
STREET ADDRESS	1		0.0 STREET AUURESS		

14. I hereby certify that the informati indicated on this annual report of officer or director of the corporations to the corporation of the corpo

1/8/98

upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information upplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

(407) 269-4193

FILED

Jan 21 1998 8:00am

Secretary of State