


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/29/2004-90002-018-\$150.00-\$150.00

112

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 15 AM 10:10

DOCUMENT # F96000000188		
1. Entity Name B.C.M.C., INC.		

Principal Place of Business PO BOX 3285 HALLANDALE, FL 33008-3285	Mailing Address PO BOX 3285 HALLANDALE, FL 33008-3285
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No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0608852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BASS, MARILYN 2851 NE 183 ST. NORTH MIAMI BEACH, FL 33160
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**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BASS, MARILYN 2851 N.E. 183 ST. NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BASS, LEWIS 2851 N.E. 183 ST. NORTH MIAMI BEACH, FL 33160
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	6/25/04	305-932-4603
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone</small>

7/15/04



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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

June 30, 2004

B.C.M.C., INC.  
PO BOX 3285  
HALLANDALE, FL 33008-3285

Subject: B.C.M.C., INC.

Reference Number: F96000000188

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH

ANNUAL REPORTS SECTION

*Att: Jeroline*  
*We did not receive the form in January to file*  
*this report.*  
*- M. Bass*

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314