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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # F98000002861

1. Corporation Name

|   | MANAGEMENT OF B.I., INC   |   |                                      |                    |  |
|---|---|---|--------------------------------------|--------------------|--|
| Principal Place   | of Business   | Mailing Address   |                                      |                    |  |
| 1420 MINERAL SPRING AVE 1420 MINERAL SPRING AVE NÖRTH PROVIDENCE RI 02904 NORTH PROVIDENCE RI 02904 |   |   | )4                                   |                    |  |
|   |   |   |                                      |                    | DO NOT WRITE IN THIS SPACE   |
|   |   |   |                                      |                    | 3. Date Incorporated or Qualifed 05/20/1998  |
| 2 Principal Pl  | ace of Business   | 2a. Mailing Address   |                                      |                    | 4. FEI Number Applied For  |
| 21  | (acc 0, 500)  | 26  |                                      |                    | 05-0475211 Not Applicable  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |                                      |                    | 5. Certificate of Status Desired   \$8.75 Additional Fee Required  |
| 27  |   |   |                                      |                    |  |
| ´   | City & State City & State   |   |                                      |                    | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees  |
| 23  | 28  |   | Count                                |                    | 7,100,100  |
| Zip   | Country   | Zip   | Count                                | г <b>у</b>         | 8. This corporation owes the current year Intangible   |
| 24  | 25  | 29 3  | 0                                    |                    | Personal Property Tax. Yes No  10. Name and Address of New Registered Agent  |
|   | 9. Name and Address of Curren   | t Registered Agent  |                                      | 1 Name             |  |
| C T CORPORATION SYSTEM  |   |   |                                      | ,,,                | · · · · · · · · · · · · · · · · · · ·  |
| 1200 SOUTH PINE ISLAND ROAD   |   |   |                                      | 32 Street          | et Address (P.O. Box Number is Not Acceptable)   |
| PLANTATION FL 33324   |   |   |                                      | 13                 |  |
|   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |                                      |                    |  |
|   |   |   | 8                                    | 34 City            | 85 Zip Code  |
| l <u>.</u>  |   |   |                                      |                    |  |
| Į.  | to the provisions of Sections 607.050<br>egistered agent, or both, in the State<br>m familiar with, and accept the obliga | 2 and 607.1508, Florida Statutes of Florida. Such change was autitions of, Section 607.0505, Florid | s, the abt<br>horized t<br>la Statut | by the corp<br>es. | ed corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered |
| SIGNATURE   | Signature, typed or printed name of registered ager   | nt and title if sonlicable. (NOTE: R  | Registered A                         | gent signature     | re required when reinstating) DATE   |
| 12.   |   | ID DIRECTORS  | 13.                                  |                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | PS  | ☐ DELETE  | 1.1 11111                            | E                  | ☐ Change ☐ Addition  |
|   | AYRASSIAN, GREGORY  |   | 1,2 NAM                              | E                  |  |
| NAME  | 119 TUPELO HILL DR  |   |                                      | <br>EET ADDRESS    | 92   |
| STREET ADDRESS  |   |   |                                      |                    | ~  |
| CITY-ST-ZIP   | CRANSTON RI 02920   | ☐ DELETE  | 2.1 TITL                             | -ST-ZIP            | ☐ Change ☐ Addition  |
| TITLE   | V   | [] DECE 15  | 1                                    |                    |  |
| NAME  | D'AMICO, JOSEPH   |   | 2.2 NAM                              |                    | İ  |
| STREET ADDRESS  | 5 WOODCREST CT  |   | 2.3 STR                              | EET ADDRESS        | 38   |
| CITY-ST-ZIP   | CRANSTON RI 02920   |   | -                                    | Y-ST-ZIP           |  |
| TITLE   | T   | ☐ DELETE  | 3.1 TITL                             | E                  | Change Addition  |
| NAME  | KRIKORIAN, MELANIE  |   | 3.2 NAM                              | E                  |  |
| STREET ADDRESS  | 8 MICHAEL DR  |   | 3.3 STR                              | EET ADDRESS        | 58   |
| CITY-ST-ZIP   | LINCOLN RI 02865  |   | 3.4. CIT                             | Y-ST-ZIP           |  |
| TITLE   |   | ☐ DELETE  | 4.1 TITL                             | E                  | ☐ Change ☐ Addition  |
| NAME  |   |   | 4, 2 NAM                             | ΛE                 |  |
| STREET ADDRESS  |   |   | 4.3 STR                              | EET ADDRESS        | ss   |
| · CITY- ST- ZIP   |   |   | 4.4 CITY                             | /-ST-ZIP           | <u> </u>   |
| TITLE   |   | ☐ DELETE  | 5.1 TITL                             |                    | ☐ Change ☐ Addition  |

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 of the receiver or trustee ampowered 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 an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone #

☐ Change

Addition

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90016 024 \*\*\*150.00