

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J60298** (3)

1. Corporation Name  
**BEMOCO CONSOLIDATED, INC.**



Principal Place of Business

**4801 S. UNIVERSITY DR.  
SUITE #305  
DAVIE FL 33328  
US**

Mailing Address

**2269 S. UNIVERSITY DR.  
SUITE 106  
DAVIE FL 33324**

3. Date Incorporated or Qualified  
**02/23/1987**

3a. Date of Last Report  
**04/11/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
**65-0001081**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIROTA, BEVERLY MORGAN  
3659 CITRUS TRACE  
DAVIE FL 33328**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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.

SIGNATURE

(Signature, typed or printed name of registered agent and is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME **PD SIROTA, BEVERLY MORGAN**  
STREET ADDRESS **3659 CITRUS TRACE**  
CITY-ST-ZIP **DAVIE FL**

TITLE ☒ DELETE  
NAME **VD KRIETE, KATHLEEN**  
STREET ADDRESS **10100 N.W. 14TH ST.**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE  
NAME **ST SIROTA, DIANE**  
STREET ADDRESS **12471 SW 11 CT**  
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **Kriete, Kathleen**  
1.3 STREET ADDRESS **10100 NW 14th St**  
1.4 CITY-ST-ZIP **Plantation FL 33322**

2.1 TITLE **Vice President** ☐ Change ☒ Addition

2.2 NAME **Kriete Thelma**  
2.3 STREET ADDRESS **10111 NW 24th Place Bldg 197 Apt 306**  
2.4 CITY-ST-ZIP **Sunrise 33322**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE:

*Diane Sirota* (Diane SIROTA)

4/22/96

954 680-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)