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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03327

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BMSE REGIMEN, INC.

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FILED Apr 29 1998 8:00am Secretary of State



2. Principal Place of Business 2. Mailing Address 4. FEI Number	DO NOT WRITE IN THIS SPACE corporated or Qualified  1/1989  Diber Applied For Not Applicable  Second
### ALUNETANO, DALE M.  #### August to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  #### Signature type or printed name of registered agent and talle if applicable  #### ADDITIC  ##################################	Applied For   Not Applied For   Not Applied For   Not Applicable
3. Date In O7/11  2. Principal Place of Business	Applied For   Not Applied For   Not Applied For   Not Applied For   Not Applicable
2. Principal Place of Business 2. Mailing Address 4. FEI Number 12. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Fei Number 12. Suite, Apt. #, etc. 4. Suite, Apt. #, etc. 5. Certific 12. City & State 4. City & State 4. City & State 5. Certific 12. City & State 4. Fei Number 12. Suite, Apt. #, etc. 4. Suite, Apt. #, etc. 4. Suite, Apt. #, etc. 4. City & State 4. Election 12. Trust File 5. Certific 12. Suite, Apt. #, etc. 6. Election 12. Trust File App. #, etc. 6. Election 12. Suite, Apt. #, etc. 6. Election 12. Suite,	Applied For   Not Applied For   Not Applied For   Not Applied For   Not Applicable
Sulte, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. This corperson.  9. Name and Address of Current Registered Agent  LAURETANO, DALE M.  269 N. UNIVERSITY DR.  PEMBROKE PINES FL 33024  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed none of registered agent and this if applicable  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONAME  STREET ADDRESS  CITY-SI-ZIP  PEMBROKE PINES FL  DELETE  1.1 TITLE  LAURETANO, DALE M.  269 N. UNIVERSITY DR.  PEMBROKE PINES FL  DELETE  21 TITLE  DELETE  21 TITLE  DELETE  21 TITLE  NAME  DELETE  22 NAME	Not Applicable te of Status Desired
Sulte, Apt. #, etc.    Suite, Apt. #, etc.	te of Status Desired
City & State  Country  A	Campaign Financing \$5.00 May Be Added to Fees poration owes or has paid the current year Intangible 1 Property Tax due June 30. Yes No nd Address of New Registered Agent  Number is Not Acceptable)
Trust Fi Zip Country Zip Country 8. This co Person.  9. Name and Address of Current Registered Agent 10. Name  LAURETANO, DALE M. 289 N. UNIVERSITY DR. PEMBROKE PINES FL 33024  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Signature. Sylend or printed nears of registered agent and this if approximate (NOTE, Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIO  TITLE D DELETE 1.1 TITLE  LAURETANO, DALE M. STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL DELETE 2.1 TITLE  DELETE 2.2 NAME	nd Contribution Added to Fees poration owes or has paid the current year Intangible I Property Tax due June 30. Yes No nd Address of New Registered Agent  Number is Not Acceptable)
9. Name and Address of Current Registered Agent  LAURETANO, DALE M. 269 N. UNIVERSITY DR. PEMBROKE PINES FL 33024  82 Street Address (P.O. Box  By City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, tyred or printed mene of registered agent and take if applicable (NOTE: Registered Agent signature required when reinslating 12. OFFICERS AND DIRECTORS 13. ADDITIONALE LAURETANO, DALE M.  STREET ADDRESS CITY-ST-ZIP  PEMBROKE PINES FL.  DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  DELETE 2.1 TITLE 2.2 NAME	Property Tax due June 30. Yes No nd Address of New Registered Agent  Number is Not Acceptable)
10. Name  LAURETANO, DALE M. 269 N. UNIVERSITY DR. PEMBROKE PINES FL 33024  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIO  TITLE  NAME  LAURETANO, DALE M. STREET ADDRESS  CITY-ST-ZIP  PEMBROKE PINES FL  DELETE  1.1 TITLE  LAURETANO, DALE M. 1.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  2.1 TITLE  DELETE  2.1 TITLE  NAME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  DELETE  2.2 NAME	nd Address of New Registered Agent  Number is Not Acceptable)
LAURETANO, DALE M.  269 N. UNIVERSITY DR. PEMBROKE PINES FL 33024  82 Street Address (P.O. Box  83 R4 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of 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 title if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONAME LAURETANO, DALE M.  STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE NAME  DELETE 2.1 TITLE	Number is Not Acceptable)
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SIGNATURE  Signature, typed or printed name of registered agent and title if appricable  OFFICERS AND DIRECTORS  13. ADDITIO  TITLE  D  LAURETANO, DALE M.  STREET ADDRESS  CITY-ST-ZIP  PEMBROKE PINES FL  DELETE  1.4 CITY-ST-ZIP  DELETE  2.2 NAME  2.2 NAME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  DELETE  2.2 NAME	firectors. I hereby accept the appointment as registered
Signature, tyred or printed name of registered agent and trife if appricable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITION 13. INTERPOLATION 14. ADDITION 15. A	
TITLE  LAURETANO, DALE M.  269 N. UNIVERSITY DR.  PEMBROKE PINES FL.  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  VAME  1.4 CITY-ST-ZIP  DELETE  2.2 NAME	DATE
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IAME 62 NAME	Change T Addition
STREET ADDRESS 6.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the	☐ Change ☐ Addition