FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # L67894 (0)

1. Entity Name

BICI ENTERPRISES, INC.

Principal Address

% JOSEPH L SCHWARTZ
8812 SPRINGTREE LAKE DRIVE
SUNRISE FL 33351

Mailing Address

% JOSEPH L SCHWARTZ
8812 SPRINGTREE LAKE DRIVE
SUNRISE FL 33351

FOR FILING IN THIS SPACE

3. Date Incorporated / Qualified: 04/25/1990

3a. Date of Last Report: 05/01/1994

2. Principal Office Address

21

2a. Mailing Address

26

4. FEI Number: 65-0187619

☐ Applied For
☐ Not Applicable

Suite Apt. #

22

Suite Apt. #

27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City, State

23

City, State

28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. The corporation is likely to undertake to under § 193.052 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHWARTZ, JOSEPH L.
4040 SHERIDAN ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 Section 607.1005 and 607.1008 Florida Statutes, the above named corporation submits the 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 607.325, Florida Statutes.

Signature

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS, IF ANY
Title	DP	☐ Change ☐ Addition
Name	BICI, ROBERT	
Address	8812 SPRING TREE LAKE DR	
City-St-Zip	SUNRISE FL	
Title	DST	☐ Change ☐ Addition
Name	BICI, NILA	
Address	8812 SPRING TREE LAKE DR	
City-St-Zip	SUNRISE FL	
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		

14. I hereby certify that the information supplied with this report is accurate and that such information complies with the applicable provisions of Section 607.1622 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 added by this amendment with an address.

SIGNATURE: NILA N. BICI Nila N. Bici 5/1/1995 (305) 572-6449

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0230482 CP