

# 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 # **L89786** (2)

1. Corporation Name  
**BGM MINING, INC.**



Principal Place of Business  
**801 N. MAGNOLIA AVENUE  
SUITE 401  
ORLANDO FL 32803**

Mailing Address  
**801 N. MAGNOLIA AVENUE  
SUITE 401  
ORLANDO FL 32803**

3. Date Incorporated or Qualified **07/30/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-3017977</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## 9. Name and Address of Current Registered Agent

**C.E. BROOKS  
801 N. MAGNOLIA AVENUE  
SUITE 401  
ORLANDO FL 32803**

## 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 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 (not applicable)

(NOTE: Registered Agent's signature required when filing statement)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BROOKS, CHARLES E.</b>	
STREET ADDRESS	<b>1255 MAJESTIC OAK DR.</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>GARNER, JOHN MICHAEL</b>	
STREET ADDRESS	<b>1551 NE 103RD STREET</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>MCCLANAHAN, BILL L.</b>	
STREET ADDRESS	<b>887 GEORGIA AVENUE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>BROOKS, CYNTHIA M.</b>	
STREET ADDRESS	<b>1255 MAJESTIC OAK DRIVE</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>117 PLANTERS ROW EAST</b>
2.4 CITY-ST-ZIP	<b>Ponte Vedra BEACH, FL 32082</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C. M. BROOKS** 4/8/96 442-4474

CR2E034 (12/95)