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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90101 016 \*\*\*150.00

## DOCUMENT # M42848 1. Corporation Name

**BSM FAMILY COMPANY** 

Principal Place	of Business	Mailino	Address				-	HOULIUM BIRKEUL	dii dirii ririi di	<u> </u>
		•	IAS M. CLARK							
% THOMAS M. CLARK 2400 E COMMERCIAL BLVD STE 820			2400 E COMMERCIAL BLVD STE 820							
FT LAUDERDALE FL 33308		FT LAUD	FT LAUDERDALE FL 33308				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	3		. {
							12/08/1986 4. FEI Number		-	Lind For
2. Principal Pl	ace of Business	2a. Mail	ling Address						<del></del>	olied For Applicable
21		26					59-2743144		\$8.75 A	
Suite, Apt.:	#, etc.	<b>←</b>	te, Apt. #, etc.				5. Certifcate of Status Desired		Fee Rec	
22		27 City	/ & State				6. Election Campaign Financing		\$5.00	
City & State	•	— ·	a State				Trust Fund Contribution		Added to	7
23	Country	28		Cour	ntrv	_	8. This corporation owes the cu	rrent year Into		
Zip	25	29	ſ	30	,		Personal Property Tax.	non your ma		□No
24	9. Name and Address of Curr			[30]		<del></del>	10. Name and Address of New	Registered	Agent	
	3. Name and Address of Carl	ciii regiotoro			81 Na	me				
CLAF	RK, THOMAS M.			ļ			(D.O. Day Niverbasia Nat Assess	table)	<del></del>	<del></del> _
	E. COMMERCIAL BLVD.				82 Str	eet Addre	ess (P.O. Box Number is Not Accep	ilabie)		
SUIT	E 820			·	83					
FT. L	AUDERDALE FL 33308								(  -: c	
					84 Cit	У		FL	85 Zip C	,ode
44 Purcuant	to the provisions of Sections 607.0	502 and 607 15	508. Florida Statuto	es the at	ove-nar	ned corpo	oration submits this statement for th	e purpose of	changing its	registered
office or re	agistered agent or both in the Sta	te of Florida. Si	uch change was at	utnorizea	by the (	corporatio	n's board of directors. I hereby acc	ept the appoir	ntment as reg	jistered .
agent. I a	n familiar with, and accept the obli	gations of, Sec	tion 607.0505, Floi	nua Statt	nes.					J
SIGNATURE	Signature, typed or printed name of registered a	poert and title if annix	cable (NOTE:	Registered	Agent signs	ture required	when reinstating)	DATE		
12.		AND DIRECTO		13.			ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTO	RS IN 12
TITLE	PD		DELETE	1.1 TIT	LE .				☐ Change	☐ Addition
NAME	CLARK, THOMAS M.			1.2 NA	ME					į
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TITLE					REET ADDF TY-ST-ZIP	ress				
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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 suppliemental 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 3 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS