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2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

P03000019539 DOCUMENT: # P03000019539 1. Entity Name 04 AUG -5 AM 8: 38 BE-MAC ASSET MANAGEMENT, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8501 GUNN HIGHWAY 8501 GUNN HIGHWAY ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) -1840 SW:22ND.ST. ... 4TH FLOOR MIAMI FL:33145 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent agneture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE ☐ Defete TITLE Change ☐ Addition NAME MCCLENDON, BRUCE A MAME 8501 GUNN HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Chance Addition NAME MCCLENDON, SHERRI NAME 8501 GUNN HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 City-St-ZIP ☐ Delete TITLE FITLE Change ☐ Addition NAME ~122.65 . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP INTE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-71P 12. 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 report or supplemental report is flue 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 trunks employed to execute this coor as report by Chapter 607, Plorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

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Be-Mac Asset Management, Inc. 8501 Gunn Highway Odessa, FL 33556

July 28, 2004

Florida Dept. of State
Division of Corporations
Annual Report/Uniform Business Report Section
PO Box 6327
Tallahassee, FL 32314

Re: Ref Number P03000019539

Dear Sir/Madam:

Enclosed please find my corrected Uniform Business Report. My check for \$150.00 has already been received by your office.

I respectfully request waiver of the \$400 late fee. This was the first year the company was required to file, and I did not receive a form in the mail. I was first alerted to the requirement when I received a Notice of Intent to Dissolve. At that point, I immediately downloaded the form per the instructions and submitted it with my payment.

Thank you for your consideration.

Sincerely,

Bruce McClendon

Enclosure