


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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P92000008889 (7)		
1. Corporation Name BFMR, INC.		



Principal Place of Business 4650 COMMONWEALTH DRIVE SARASOTA FL 34242	Mailing Address 4650 COMMONWEALTH DRIVE SARASOTA FL 34242-1244
---	--

3. Date Incorporated or Qualified 11/30/1992	3a. Date of Last Report 01/30/1996
4. FEI Number 65-0376235	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 1717 Peregrine Point Drive Sarasota FL 34231	2a. Mailing Address 1717 Peregrine Point Drive Sarasota FL 34231
Suite, Apt. #, etc. 	Suite, Apt. #, etc.
City & State Sarasota FL	City & State Sarasota FL
Zip 34231	Country USA
24. Zip 34231	25. Country USA
29. Zip 34231	30. Country USA

9. Name and Address of Current Registered Agent FOX, ROBERT G 4650 COMMONWEALTH DRIVE SARASOTA FL 34242	10. Name and Address of New Registered Agent 81 Name Fox Robert G 82 Street Address (P.O. Box Number is Not Acceptable) 1717 PEREGRINE POINT DR 83 84 City SARASOTA
	85 Zip Code FL 34231

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME FOX, JUDITH B	1.1 TITLE NEW ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4650 COMMONWEALTH DR.	CITY - ST - ZIP SARASOTA FL 34242	1.2 NAME 1717 PEREGRINE POINT DR	
CITY - ST - ZIP SARASOTA FL 34242		1.3 STREET ADDRESS SARASOTA FL 34231	
TITLE D	NAME FOX, ROBERT G	1.4 CITY - ST - ZIP SARASOTA FL 34231	
STREET ADDRESS 4650 COMMONWEALTH DR.	CITY - ST - ZIP SARASOTA FL 34242	2.1 TITLE NEW ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP SARASOTA FL 34242		2.2 NAME 1717 PEREGRINE POINT DR	
CITY - ST - ZIP SARASOTA FL 34242		2.3 STREET ADDRESS SARASOTA FL 34231	
CITY - ST - ZIP SARASOTA FL 34242		2.4 CITY - ST - ZIP SARASOTA FL 34231	
CITY - ST - ZIP SARASOTA FL 34242		3.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP 		3.2 NAME 	
CITY - ST - ZIP 		3.3 STREET ADDRESS 	
CITY - ST - ZIP 		3.4 CITY - ST - ZIP 	
CITY - ST - ZIP 		4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP 		4.2 NAME 	
CITY - ST - ZIP 		4.3 STREET ADDRESS 	
CITY - ST - ZIP 		4.4 CITY - ST - ZIP 	
CITY - ST - ZIP 		5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP 		5.2 NAME 	
CITY - ST - ZIP 		5.3 STREET ADDRESS 	
CITY - ST - ZIP 		5.4 CITY - ST - ZIP 	
CITY - ST - ZIP 		6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP 		6.2 NAME 	
CITY - ST - ZIP 		6.3 STREET ADDRESS 	
CITY - ST - ZIP 		6.4 CITY - ST - ZIP 	

14. I do 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 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: Judith B Fox President Judith B Fox 4/14/97 9419247624
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)