

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

FILED

May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000000966 (0)

1. Corporation Name  
**BAMCO X, INC.**



Principal Place of Business <b>6099 W. SUNRISE BLVD. SUNRISE FL 33313</b>	Mailing Address <b>3053 NORTH OCEAN BLVD. FT. LAUDERDALE FL 33308</b>
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified <b>01/06/1993</b>	
21		26 <b>2333 N. STATE ROAD 7</b>		4. FEI Number <b>65-0381650</b>	
22		27 <b>SUITE # E</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28 <b>MARGATE, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29 <b>33063</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30 <b>BROWARD</b>			

9. Name and Address of Current Registered Agent <b>MANGNITZ, BERNIE 3053 NORTH OCEAN BLVD. FT. LAUDERDALE FL 33308</b>		10. Name and Address of New Registered Agent 81 Name <b>BERNIE MANGNITZ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2333 NORTH STATE ROAD 7</b> 83 <b>SUITE # E</b> 84 City <b>MARGATE</b> <b>FL</b> 85 Zip Code <b>33063</b>	
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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 *Bernie Mangnitz* 4-22-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P S T D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANGNITZ, BERNIE</b>	1.2 NAME	<b>BERNIE MANGNITZ</b>
STREET ADDRESS	<b>2730 NE 30TH AVE</b>	1.3 STREET ADDRESS	<b>2333 N. STATE ROAD 7, SUITE # E</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>	1.4 CITY-ST-ZIP	<b>MARGATE, FL 33063</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>MANGNITZ, BERNIE</b>	2.2 NAME	
STREET ADDRESS	<b>2730 NE 30TH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: *Bernie Mangnitz* 4-22-98 954-917-9002

CR2E034 (10/97)