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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000038628 (2)

BCMI, INC.

Principal Place of Business Mailing Address P.O. BOX 1001 730 HEINEMAN ST. DAYTONA BCH FL 32114 DAYTONA BCH FL 32115-1001 3. Date Incorporated or Qualified 3a. Date of Last Report 05/28/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. EEL Number Applied For 59-3215678 Not Applicable 21 26 Suite Apt #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 25 24 29 30 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Brown, Isaac Jr 1012 S. RIDGEWOOD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 83 City 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 chango was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familier with, and accept the obligations of, Section 607.0505, Florida Statutes. nd fit of applicable Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) Change Addition DELETE TILLE 1 1 TITLE BROWN, ISAAC JR 1.2 NAME NAME 1012 S. RIDGEWOOD AVENUE 1.3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CITY- ST- Z P 14 CHTY-ST-7IP DELETE Addition Change 21 DHE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CHTY - ST - ZIP CHY-ST-ZiP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADORESS 34 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST. ZIE 44 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE True 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

appears in Block 12 or Block 13 1-13-97 904-255=8333 SIGNATURE:

if changed, or on an attachment with an address

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

6.4 CITY - ST - ZIP

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Jan 17 1997 8:00am

Secretary of State