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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000038628 (2)

BCMI, INC.

Principal Place of Business

730 HEINEMAN ST. DAYTONA BCH FL 32114 US Mailing Address

P.O. BOX 1001 DAYTONA BCH FL 32115

## FILED Mar 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1993 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 435 S derwood Ave 435 S 21 59-3215678 Ridge wood Ave Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired **20**3 203 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Daytona Added to Fees Country This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. Yes □ No Name and Address of Current Registered Agent 10. Name and Address of New Registered A BROWN, ISAAC JR 81 Name 1012 S. RIDGEWOOD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **DAYTONA BEACH FL 32114** 83 City 84 Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1,1 TITLE Change Addition BROWN, ISAAC JR NAME 1 2 NAME 1012 S. RIDGEWOOD AVENUE STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Addition 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 13 if changed often an attachment with an address.