FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 2:15

TALLAHASSEE, FLORIDA

DOCUMENT # P94000004332 (0)

1. Corporate Name

BMLOH, INC.

Principal Place of Business	Mailing Address
890 S.R. 434 NORTH ALTAMONTE SPRINGS FL 32714	890 S.R. 434 NORTH ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report:
4. FEI Number: 59-3220685 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation is eligible for Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOODMAN, BARRY S. 890 STATE ROAD 434 NORTH ALTAMONTE SPRINGS FL 32714	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	DP [X] Change [ ] Addition
NAME	GOODMAN, BARRY S	NAME	Goodman, Barry S.
STREET ADDRESS	890 S.R. 434 NORTH	STREET ADDRESS	890 State Road 434 North
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	D	TITLE	DV [X] Change [ ] Addition
NAME	GOODMAN, MICHAEL A	NAME	Goodman, Michael A.
STREET ADDRESS	890 S.R. 434 NORTH	STREET ADDRESS	890 State Road 434 North
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	GOODMAN, LAUREN B	NAME	
STREET ADDRESS	890 S.R. 434 NORTH	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	CITY-ST-ZIP	
TITLE		TITLE	VT [ ] Change [X] Addition
NAME		NAME	Goodman, William J.
STREET ADDRESS		STREET ADDRESS	890 State Road 434 North
CITY-ST-ZIP		CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE		TITLE	VS [ ] Change [X] Addition
NAME		NAME	Biederman, R.A.
STREET ADDRESS		STREET ADDRESS	890 State Road 434 North
CITY-ST-ZIP		CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: William J. Goodman 4/26/95 (407) 788-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036645 CP