

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 17 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008561 (0)

1. Corporation Name

BMC GARDEN SQUARE INVESTMENT, INC.

Principal Place of Business

6503 N. MILITARY TRAIL
APT. 2205
BOCA RATON FL 33486

Mailing Address

6503 N. MILITARY TRAIL
APT. 2205
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/01/1994

3a. Date of Last Report

2. Principal Place of Business

21 3300 N. Port Royal Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 3300 N. Port Royal Dr.
Suite, Apt. #, etc.

4. FEI Number

65-0465187

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

23 Ft. Lauderdale, FL
Zip Country

24 33308 25 U.S.A.

27 Apt #105
City & State

28 Ft. Lauderdale, FL
Zip Country

29 33308 30 U.S.A.

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION, INC.
222 LAKEVIEW AVE.
SUITE 800
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MCNUFF, BRADLEY E
STREET ADDRESS 6503 N. MILITARY TRAIL, APT. 2205
CITY - ST - ZIP BOCA RATON FL 33486

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME M.C.N.U.F., Bradley E.
1.3 STREET ADDRESS 3300 N. Port Royal Dr., Apt #105
1.4 CITY - ST - ZIP Ft. Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director
Bradley E. McNuff 4/11/95 305-771-9900