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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000011768 (6)

B.C.M., INC.

DOCUMENT #

FILED Apr 25 1996 8:00 am Secretary of State

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Principal Place of	of Business	Mailing Add	ress					WA 140001 11011 F	uaia Bifai i u ii ibu i
6530 MOONSHELL COURT ORLANDO FL 32819			6530 MOONSHELL COURT ORLANDO FL 32819						
						3. Date Incorporated or Qualified 02/11/1994	3a. Da	te of Last F 05/01/1	
2. Principal Plac	ce of Business	2a. Mailing A	Address			4. FEI Number			Applied For
21		26				59-3228351	• • • • • • • • • • • • • • • •		Not Applicable
Suite, Apt. #	, etc.	ì	ot. #, etc			5. Certificate of Status Desired			5 Additional Required
22		27 City & S	toto			C Float on Connection Fingueing			
City & State		28	iate:			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Ζφ	Country	Zip	T Co	untry		8. This corporation has liability for i	ntangible		
24	25	29	30	,		Florida Statutes 🕢 Yes			
	g. Name and Address of Curre			Τ		10. Name and Address of New R	egistere	d Agent	
				81	Name				
CURTIS	, MICHAEL D			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
	OONSHELL COURT				Juleot Addit	000 (1000)			
	DO FL 32819			83					
	- · · • · · · · · · · · · · · · · · · ·			84	City			. 85 Z	Ip Code
				'	1 '	ration submits this statement for the pur	F		
SIGNATURE	n, and accept the obligations of, Sec	dia - 1660 da, gil Sede	(यांगा) स्वा कर्		nt sign nt me remmi e	Twice is followy: ADDITIONS/CHANGES TO OFF	DATE	ND DIRECT	ORS IN 12
12.		ID DIRECTORS	13. DECETE	Tift F	·	ADDITIONS/CHANGES TO OFF	IUCHS A	Change	
NAME	PD Michael D. Curtis	L-		NAME					
STREET ADDRESS	6530 MOONSHELL CT.				L AQDRESS				
CITY-ST-ZIP	ORLANDO FL				SI-ZIP				
TITLE	VPSD	Г		Ti*LE	31 Z.II			Change	Addition
NAME	JENNIFER R. CURTIS		221	NAME					
STREET ADDRESS	6530 MOONSHELL CT.		23	STREE	: ADDRESS				
CITY-ST-ZIP	ORLANDO FL		24	CITY - :	ST - ZIP				
TITLE			DELETE 3.1	TITLE				☐ Change	Addition
NAME			3 ?	NAME					
STREET ADDRESS			3.3	STREE	T ADDRESS				
CITY-ST-ZIP			34	CHY-	S1 - ZIP				
THILE			DELETE 41	Tifte	1			☐ Change	: Addition
NAME			42	NAME					
STREET ADDRESS			43	STREF	LADDRESS				
CITY-ST-ZIP				City -:	ST-Z-P				
TITLE			DELETE 5.1	TITLE				☐ Change	Addition
NAME			5?	NAME					
STREET ADORESS			53	STHEE	* ADDRESS				
CITY-ST-ZIP				CITY -	ST-ZIP				
TITLE			DELETE 61	TITLE				☐ Change	e 🔲 Addition
NAME			6.5	NAMÉ					
STREET ADDRESS			63	STREE	LADORESS				
CITY-ST-ZIP			6.4	CHTY.	ST - ZIF				

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath; 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 n an atrachificht with an address appears in Block 12 or Block 13 if char

SIGNATURE: TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR OF DIRECTOR OF SIGNING OFFICER ON SIGNING OFFICER O