FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998

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FT. LAUDERDALE FL 33306



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000016075 (1) DOCUMENT #

1. Corporation Name

BAM II MANAGEMENT CORP.

Principal Place of Business Mailing Address 900 F. 49TH ST. 3053 N. OCEAN BLVD. SUITE 101 FT LAUDERDALE FL 33308 HIAL FL 33013 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For STATE ROAD 7 65-0469257 21 3333 N. Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X SUITE # E Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be MARGATE Trust Fund Contribution 23 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 33063 24 30 BROWARD Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Mangnitz, Bernie 2333 N. STATE RD. #7 Street Address (P.O. Box Number is Not Acceptable) STE. E MARGATE FL 33063 83 84 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 account the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstal DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 1111.6 MANGNITZ, BERNIE NAME 1.2 NAME 2333 N. STATE RD. #7 STE. E STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition SANTANGELO, CARL G NAME 2.2 NAME 3000 N. FEDERAL HWY. BLDG. 2 SOUTH

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3.4. CITY-ST-ZIP

2. 4 CITY-S1-ZIP

3.1 TITLE

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CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 trusted 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

20 00

Change

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Addition

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Addition

Addition

FILED

May 15 1998 8:00am

Secretary of State