


FROM : JOSEPH K. NOFIL, C.P.A. PHONE NO. : 954 484 51  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90039 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P94000016075

1. Corporation Name

BAM II MANAGEMENT, INC.



Principal Place of Business Mailing Address

900 E 49th Street  
Hialeah, FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/1/94

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 115 N Cortez Drive
22 City & State	27 Circle "G"
23 Zip	28 Margate, FL
24 Country	29 33063
25	30

4. FEI Number	Applied For
65-0469257	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 owes the current year Intangible Personal Property Tax.	Yes No

9. Name and Address of Current Registered Agent

Bernie A. Mangnitz

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
115 N Cortez Drive # "G"
83
84 City
Margate
FL
85 Zip Code
33063

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	Bernie Mangnitz	1.2 NAME	
STREET ADDRESS	115 N Cortez Drive #G	1.3 STREET ADDRESS	
CITY-ST-ZIP	Margate, FL 33063	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	Carl Santangelo	3.2 NAME	
STREET ADDRESS	3000 N Federal Highway #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33306	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Bernie Mangnitz BERNIE MANGNITZ 4-30-99 917-9002