


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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000023128
 1. Corporation Name
 BAMCO 441, INC.

Principal Place of Business 1991 SW 40TH AVENUE PLANTATION, FL 33317	Mailing Address 2333 N. STATE ROAD 7 SUITE # E MARGATE, FL 33063
--	---

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 2333 N. STATE ROAD 7
22 City & State	27 SUITE # E
23 Zip	28 MARGATE, FL
24 Country	29 33063
25	30 BROWARD

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	4/17/94
4. FEI Number	65-0469261
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

81 Name	BERNIE MANGNITZ
82 Street Address (P.O. Box Number is Not Acceptable)	2333 NORTH STATE ROAD 7
83	SUITE # E
84 City	MARGATE
85 Zip Code	33063

10. Name and Address of New Registered Agent

81 Name	BERNIE MANGNITZ
82 Street Address (P.O. Box Number is Not Acceptable)	2333 NORTH STATE ROAD 7
83	SUITE # E
84 City	MARGATE
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 Bernie Mangnitz DATE 4-22-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERNIE MANGNITZ	
1.3 STREET ADDRESS	2333 N. STATE ROAD 7 # E	
1.4 CITY-ST-ZIP	MARGATE, FL 33063	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: Bernie Mangnitz DATE 4-22-98 954-917-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #