

04-23-96 11:27AM

TO 614048439556

P002

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**

 FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS
DOCUMENT # **P94000034039**

1. Corporation Name

**BCL INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**5850 KAYRON DR.  
ATLANTA, GA. 30328**
**FILED**

96 APR 25 PM 3:01

 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                           |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                                                       |  | 3a. Date of Last Report                                             |  |
| 21 Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                   |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number                                                                           |  | 5. Certificate of Status Desired                                    |  |
| 22 City & State                                                                                                                                                                                                                                                                                                                                                          |  | 27 City & State        |  | 59-3249741                                                                              |  | X \$8.75 Additional Fee Required                                    |  |
| 23 Zip                                                                                                                                                                                                                                                                                                                                                                   |  | 28 Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | \$5.00 May Be Added to Fees                                         |  |
| 24 Country                                                                                                                                                                                                                                                                                                                                                               |  | 29 Country             |  | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 25 USA                                                                                                                                                                                                                                                                                                                                                                   |  | 30 FULTON              |  | 8. Name and Address of New Registered Agent                                             |  |                                                                     |  |
| 9. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                          |  |                        |  | 81 Name                                                                                 |  |                                                                     |  |
| BEECHER LEWIS, PRESIDENT                                                                                                                                                                                                                                                                                                                                                 |  |                        |  | 82 Street Address (P.O. Box Number is Not Acceptable)                                   |  |                                                                     |  |
| ROUTE 1, BOX 478                                                                                                                                                                                                                                                                                                                                                         |  |                        |  | 83                                                                                      |  |                                                                     |  |
| SOPCHOPPY, FL. 32358                                                                                                                                                                                                                                                                                                                                                     |  |                        |  | 84 City                                                                                 |  |                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                          |  |                        |  | 85 Zip Code                                                                             |  |                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                          |  |                        |  | FL                                                                                      |  |                                                                     |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this shareholder/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 <i>[Signature]</i> BEECHER LEWIS                                                                                                                                                                                                                                                                                                                               |  |                        |  | DATE 4/24/96                                                                            |  |                                                                     |  |

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                |
|----------------------------|----------------------|-------------------------------------------------------|----------------|
| TITLE                      | NAME                 | 1. TITLE                                              | NAME           |
| NAME                       | BEECHER LEWIS        | 1. NAME                                               | NAME           |
| STREET ADDRESS             | RT. 1, Box 478       | 1. STREET ADDRESS                                     | STREET ADDRESS |
| CITY-ST-ZIP                | SOPCHOPPY, FL. 32358 | 1. CITY-ST-ZIP                                        | CITY-ST-ZIP    |
| TITLE                      | NAME                 | 2. TITLE                                              | NAME           |
| NAME                       |                      | 2. NAME                                               | NAME           |
| STREET ADDRESS             |                      | 2. STREET ADDRESS                                     | STREET ADDRESS |
| CITY-ST-ZIP                |                      | 2. CITY-ST-ZIP                                        | CITY-ST-ZIP    |
| TITLE                      | NAME                 | 3. TITLE                                              | NAME           |
| NAME                       |                      | 3. NAME                                               | NAME           |
| STREET ADDRESS             |                      | 3. STREET ADDRESS                                     | STREET ADDRESS |
| CITY-ST-ZIP                |                      | 3. CITY-ST-ZIP                                        | CITY-ST-ZIP    |
| TITLE                      | NAME                 | 4. TITLE                                              | NAME           |
| NAME                       |                      | 4. NAME                                               | NAME           |
| STREET ADDRESS             |                      | 4. STREET ADDRESS                                     | STREET ADDRESS |
| CITY-ST-ZIP                |                      | 4. CITY-ST-ZIP                                        | CITY-ST-ZIP    |
| TITLE                      | NAME                 | 5. TITLE                                              | NAME           |
| NAME                       |                      | 5. NAME                                               | NAME           |
| STREET ADDRESS             |                      | 5. STREET ADDRESS                                     | STREET ADDRESS |
| CITY-ST-ZIP                |                      | 5. CITY-ST-ZIP                                        | CITY-ST-ZIP    |
| TITLE                      | NAME                 | 6. TITLE                                              | NAME           |
| NAME                       |                      | 6. NAME                                               | NAME           |
| STREET ADDRESS             |                      | 6. STREET ADDRESS                                     | STREET ADDRESS |
| CITY-ST-ZIP                |                      | 6. CITY-ST-ZIP                                        | 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 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 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: *[Signature]* BEECHER LEWIS  
 PRESIDENT  
 BEECHER LEWIS

 4/24/96 404-843-9552  
 Date Daytime Phone

CR2E034 (12/95)