

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mathan

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000006036 (4)

1. Corporation Name

BMC PLANTATION, INC.



2. Principal Place of Business

3300 N. PORT ROYALE DR.
#105
FT. LAUDERDALE FL 33308

3. Mailing Address

3300 N. PORT ROYALE DR.
#105
FT. LAUDERDALE FL 33308

2. Principal Place of Business

2a. Mailing Address

26 222 Lakeview Ave

Sub: Apt. #, etc.

27 Suite 800

City & State

28 West Palm Beach, FL

Zip

29 33401

County

30 USA

3. Date Incorporated or Qualified

01/19/1995

3a. Date of Last Report

4. FET Number

65-0559653

Applied For

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION, INC.
222 LAKEVIEW AVE.
SUITE 800
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 hereby waiving and accepting the obligations of Sections 607.0602, Florida Statutes.

SIGNATURE

Name of Officer or Director

Name of Registered Agent

Date

12. OFFICERS AND DIRECTORS

1. NAME

2. TITLE

3. STREET ADDRESS

4. CITY, ST, ZIP

5. PHONE

6. FAX

7. E-MAIL ADDRESS

8. OTHER ADDRESS

9. CITY, ST, ZIP

10. NAME

11. TITLE

12. STREET ADDRESS

13. CITY, ST, ZIP

14. PHONE

15. FAX

16. E-MAIL ADDRESS

17. OTHER ADDRESS

18. CITY, ST, ZIP

19. NAME

20. TITLE

21. STREET ADDRESS

22. CITY, ST, ZIP

23. PHONE

24. FAX

25. E-MAIL ADDRESS

26. OTHER ADDRESS

27. CITY, ST, ZIP

28. NAME

29. TITLE

30. STREET ADDRESS

31. CITY, ST, ZIP

32. PHONE

33. FAX

34. E-MAIL ADDRESS

35. OTHER ADDRESS

36. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. TITLE

3. STREET ADDRESS

4. CITY, ST, ZIP

5. PHONE

6. FAX

7. E-MAIL ADDRESS

8. OTHER ADDRESS

9. CITY, ST, ZIP

10. NAME

11. TITLE

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29. TITLE

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31. CITY, ST, ZIP

32. PHONE

33. FAX

34. E-MAIL ADDRESS

35. OTHER ADDRESS

36. CITY, ST, ZIP

14. I hereby certify that the information supplied in 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 included 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. I am an officer or director of the corporation or the executor or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am not on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

CR2E034 (12/95)