

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PG5000039046**  
1. Corporation Name  
**BMS of Broward, Inc.**

Principal Place of Business: **5901 S.W. 74 ST. # 205 So. Miami, Fl. 33143**  
Mailing Address: **5901 S.W. 74 ST. # 205 So. Miami, Fl. 33143**

2. Principal Place of Business: **8300 N. University Dr.**  
Suite, Apt. #, etc.:  
City & State: **Tamarac, Fl.**  
Zip: **FL 33324** Country: **Broward**  
2a. Mailing Address: **5901 SW 74 ST.**  
Suite, Apt. #, etc.: **205**  
City & State: **So. Miami**  
Zip: **Fl.** Country: **Dade**

3. Date Incorporated or Qualified: **5/16/95**  
3a. Date of Last Report:  
4. FEI Number: **65-0586523** 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. 199.012, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**VICTOR BROWN**  
**5901 S.W. 74 ST.**  
**#205**  
**So. Miami, Fl. 33143**

10. Name and Address of New Registered Agent:  
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 607.0502 and 607.1506, 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]* (Part 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)

12. OFFICERS AND DIRECTORS

TITLE	<b>Vice President</b> <input type="checkbox"/> DELETE
NAME	<b>VICTOR BROWN</b>
STREET ADDRESS	<b>5901 S.W. 74 ST. # 205</b>
CITY-ST-ZIP	<b>So. Miami, Fl. 33143</b>
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	<b>Vice President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>VICTOR BROWN</b>
1.3 STREET ADDRESS	<b>5901 S.W. 74 ST. # 205</b>
1.4 CITY-ST-ZIP	<b>So. Miami, Fl. 33143</b>
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	
5.1 TITLE	<b>600001902576</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>-07/23/96--01141--019</b>
5.3 STREET ADDRESS	<b>***225.00</b>
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 do hereby certify that the information supplied with this filing is accurately 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **VICTOR BROWN**  
Date: **6/19/96** By: **305-445-8885**

CR2E034 (3/96)