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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000057511 (4)**

1. Corporation Name

BMC INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~POST OFFICE BOX 1298~~ ~~LEHIGH ACRES FL 33970-1298~~	~~POST OFFICE BOX 1298~~ ~~LEHIGH ACRES FL 33970-1298~~

3. Date Incorporated or Qualified: 07/24/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4294 Skates Circle, W.	26 P.O. Box 455
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Fort Myers, FL	28 City & State: Alva, FL
24 Zip: 33905 / 25 Country: USA	29 Zip: 33920 / 30 Country: USA

4. FEI Number: 65-0613707 ☐ 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

~~GRUBER, HERMANN~~
~~2210 B JOEL BOULEVARD~~
~~ALVA FL 33920~~

10. Name and Address of New Registered Agent

81 Name: Peter M. Grimm
82 Street Address (P.O. Box Number is Not Acceptable): 4294 Skates Circle
83
84 City: Fort Myers **FL** 85 Zip Code: 33905

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: PETER M GRIMM — 13. APRIL 1996
(Signature, typed or printed name of registered agent or authorized agent) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIMM, PETER M ~~POST OFFICE BOX 1298 N/A~~ ~~LEHIGH ACRES FL 33970-1298~~ ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/T P.O. Box 455 NA Alva, Florida 33920 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/V/S Barbara I. Grimm NA P.O. Box 455 Alva, Florida 33920 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	100001829251 -05/20/96--01043--027 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 any attachment with an address.

SIGNATURE: PETER M GRIMM (PRESIDENT) 13. APRIL, 1996 (941)694-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #