

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088407 (8)

1. Corporation Name

BMA ENTERPRISES INC.



Principal Place of Business

Mailing Address

2182 CLEMATIS ST
SARASOTA FL 34239

2182 CLEMATIS ST
SARASOTA FL 34239

3. Date Incorporated or Qualified

3a. Date of Last Report

11/17/1995

2. Principal Place of Business

2a. Mailing Address

21 5692 JASON LEE PL

26 5692 JASON LEE PL

4. FEI Number

Applied For

65-0620846

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34233

25 SARASOTA

29 34233

30 SARASOTA

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

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

Brian M. Abrams

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

2182 Clematis St

83

84 City

SARASOTA

FL

85 Zip Code

34239

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 Brian M. Abrams

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when reinstating.)

6-28-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE

☐

Change

☐

Addition

NAME
D
ABRAMS, BRIAN M
STREET ADDRESS
2182 CLEMATIS ST
CITY - ST - ZIP
SARASOTA FL 34239

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE ☐ DELETE

21 TITLE

☐

Change

☐

Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE ☐ DELETE

31 TITLE

☐

Change

☐

Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE ☐ DELETE

41 TITLE

☐

Change

☐

Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE ☐ DELETE

51 TITLE

☐

Change

☐

Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE ☐ DELETE

61 TITLE

☐

Change

☐

Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

62 NAME

63 STREET ADDRESS

64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brian M. Abrams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-96 941 922-5700

Date

Daytime Phone

CR2E034 (3/96)