FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018250 (6)

BMRI, INC.

Principal Place of Business	Mailing Address
228 ANNIE ST	228 ANNIE ST
ORLANDO FL 32808	ORLANDO FL 32806-1208

FILED May 01 1997 8:00am Secretary of State



228 ANNIE ST ORLANDO FL 32808			228 ANNIE ST Orlando FL (228 ANNIE ST Orlando Fl 32806-1208						
							3. Date Incorporated or Qualified 02/26/1996	3a. Date of L.	ast Report	
2. Principal Place of Business 2a. Mailing Address			dress			4. FET Number N/E ARE CH	ECKING-	Applied For		
21 26			26				ON WHY IT WAS NOT YET Not Applicable			
Suite, Apt. #, etc. Suite, Apt.			#, etc.	etc.		SR 75 Additional				
22 27			27				5. Certificate of Status Desired	1 1	e Required	
City & State Cit			City & Stat	City & State			6. Election Campaign Financing	\$5	.00 May Be	
23			28	28			Trust Fund Contribution Added to Fees			
Žip	Country Zip C			Country	/	8. This corporation has liability for intangible tax under s. 199.032,				
24 25 29 30				30	Florida Statutes Yes No					
ļ	9. Name a	nd Address of C	urrent Registered Agen	<u>t</u>		J	10. Name and Address of New Registered Agent			
	en, W. Riley	1			81	Name			ł	
	annie st				82	Street Ad	ddress (P.O. Box Number is Not Acceptab	le)		
ORL	ORLANDO FL 32806									
					83	ļ				
المعمار					84	City		FL 85	Zip Code	
11. Pursuant	to the provisio	ns of Sections 60	7.0502 and 607.1508, Flo	rida Statute	s, the abov	c-named c	orporation submits this statement for the p		ing its registered	
l ource or r	registereo age	ni, or boin, in the	State of Florida. Such chi obligations of, Section 60	ande was au	uthorized bi	v the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	t the appointmer	nt as registered	
SIGNATURE										
OIGHATORE.	Signature, typed o	r printed name of registe	ed agent and title if applicable.	(N O10	Registered Ag	ent signature re	quired when reinstating)	DATE	· -	
12.		OFFICER	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	D			DELETE	111NLE			☐ Cha	ange Addition	
NAME	ALLEN, W.				1.2 NAME					
STREET ADDRESS	228 ANNIE				1.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO	FL 32806			1.4 CITY - 9	ST - ZIP				
TITLE	D			DELETE	21 TITLE			Cha	inge Addition	
NAME	ALLEN, MA				2.2 NAME					
STREET ADDRESS	228 ANNIE				2.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO	FL 32806			2. 4 CiTY-	S1 - ZIP				
TITLE	D			DELETE	31 TITLE			- 🔲 Cha	inge 🔲 Addition	
NAME	FUNK, JAC				3.2 NAME					
STREET ADDRESS	228 ANNIE				3.8 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO	FL 32806		<u> </u>	3.4 CITY -	ST-7IP				
TITLE	D		IJ	DELETE	4.1 TITLE			☐ Cha	inge Addition	
NAME		r, Christine			4. 2 NAME					
STREET ADORESS	228 ANNIE				4.3 STREET	ADDRESS		Ω		
CITY-ST-ZIP	ORLANDO	FL 32806		DE: EXE	4.4 CITY - 9	i - ZIP		///		
TITLE			LJ	DELETE	5.4 TITLE			Cha	nge 🔲 Addition	
NAME	,				5.2 NAME			/11/15/	1///	
STREET ADDRESS					5.3 STREET	ADDRES\$	(#\$ 1/ X	1/9-11	
CITY-ST-ZIP					5.4 CHY-9	ST - ZIP		リレゴ	11 17	
TITLE			LJ	DELETE	6.1 TITLE) محمد الدر المحمد ال	/ Cha	inge 🔲 Addition	
NAME					6.2 NAME		00000216	5 (4U)	į	
STREET ADDRESS			_		68 STREET	AODRESS	-05/05/970104	11040		
CITY-ST-ZIP			7		64 CITY-S	ST - 7IP	***165.00			

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the mental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that neceiver or issue empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Information indicated on this annual I am an officer or director of the cor.