

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000023083 (4)

1. Corporation Name
BMA DJ SUPPLY STORE INC.



Principal Place of Business
3521 W. BROWARD BLVD., SUITE 114
FT. LAUDERDALE FL 33312

Mailing Address
3521 W. BROWARD BLVD., SUITE 114
FT. LAUDERDALE FL 33312-1028

3. Date Incorporated or Qualified
03/11/1996

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3521 W BROWARD BLVD.	26 3521 W BROWARD BLVD.	65-0657156	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 114	27 114	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State		
23 FT LAUD. FL	28 FT LAUD. FL	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution	<input type="checkbox"/>
24 33312	25 BROWARD	29 33312	30 BROWARD
Country	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

IZLAR, ANTHONY J
3521 W. BROWARD BLVD., SUITE 114
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name	SAME
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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ANTHONY IZLAR	1.1 TITLE	SECRETARY
NAME	PRESIDENT	1.2 NAME	KATHLEEN M RODNEY
STREET ADDRESS	3521 W BROWARD BLVD	1.3 STREET ADDRESS	3012 TIEMANN AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	BROOK NY 10469
TITLE	VICE PRESIDENT	2.1 TITLE	
NAME	MICHAEL MATTHIAS	2.2 NAME	
STREET ADDRESS	3991 NW 46 WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUD. LAKES FL 33319	2.4 CITY-ST-ZIP	
TITLE	TREASURER	3.1 TITLE	
NAME	BRUCE THOMAS	3.2 NAME	
STREET ADDRESS	3991 NW 46 WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUD. LAKES FL 33319	3.4 CITY-ST-ZIP	
TITLE	SECRETARY	4.1 TITLE	
NAME	KATHLEEN M RODNEY	4.2 NAME	
STREET ADDRESS	3012 TIEMANN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOK NY 10469	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 an attachment with an address.

SIGNATURE:

Anthony Izlar

4-9-97 (954) 792-8665

Date

Daytime Phone #

0271254

CR2E034 (9/96)