

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000037855

Corporation Name

B G M B, INC.

FILED  
Jul 13, 1999 8:00 am  
Secretary of State

07-13-1999 90003 019 \*\*\*550.00

0112821

Principal Place of Business

809 HERMITAGE BLVD  
VENICE FL 34292  
US

Mailing Address

2809 HERMITAGE BLVD  
VENICE FL 34292  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0671554

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year  
Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANINFA, GERARD A  
114 CORPORATION WAY  
VENICE FL 34292

81 Name

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

2809 Hermitage Blvd

83

84 City  
Venice

FL

85 Zip Code  
34292

I, 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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D	DELETE
2. STREET ADDRESS	LANINFA, GERARD A	
3. CITY-STATE-ZIP	2809 HERMITAGE BOULEVARD VENICE FL 34292	
4. NAME	D	DELETE
5. STREET ADDRESS	LANINFA, BARBARA A	
6. CITY-STATE-ZIP	2809 HERMITAGE BOULEVARD VENICE FL 34292	
7. NAME		DELETE
8. STREET ADDRESS		
9. CITY-STATE-ZIP		
10. NAME		DELETE
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. NAME		DELETE
14. STREET ADDRESS		
15. CITY-STATE-ZIP		

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-99 (941) 416-8141

CR2E034 (5/99)