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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000071506 (5)

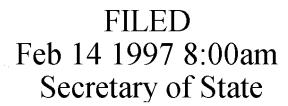
BMG CONCEPTS INC.

Principal Place of Business
1145 LAKE SHORE DR., SUITE 204

Mailing Address

TE 204

1145 LAKE SHORE DR., SUITE 204 LAKE PARK FL 33403-2851





LAKE PARK FL	33403	LAKE PARK FL 33403-26	551				
						3. Date Incorporated or Qualified 08/26/1996	3a. Date of Last Report
2. Principal Pla	Secont Business Court	2a. Mailing Address				4, FEI Number	Applied For Not Applicable
Suite, Apt #	r, etc.	Suite, Apt. #, etc.				F. O. Millerte of Otation Desired	\$8.75 Additional
22 1145		W 27				5. Certificate of Status Desired	Fee Required
City & State	PARK FL	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Co	untry		8. This corporation has liability for i	
24 33 -	103 25	29	30			Florida Statutes	Yes JVNo
	9. Name and Address of Current	l Registered Agent				10. Name and Address of New Re	gistered Agent
	LENEY, GEORGE			81  Na	ame		•
	LAKE SHORE DR., SUITE 204			<b>82</b> St	reet Addres	ss (P.O. Box Number is Not Acceptab	le)
LANC	E PARK FL 33403			83		The state of the s	
							7. 0. 1
				<b> 84</b>   Ci	•		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Stat	utes, the	above-na	med corpor	ration submits this statement for the p n's broard of directors. I hereby accep	urpose of changing its registered
agent. I an	n familiar with, and accept the obliga	ations of, Section 607.0505	Florida St	itutes.		in surface of the coop	of the appointment as registered
SIGNATURE a	Signature, typed or printed name of registered agen	crovey	OT Berister	Anent sic	natur required	When reinstating)	2-1-9-1
12.	OFFICERS AND		13.		main Erodonos	ADDITIONS/OHANGES TO OFFIC	ERS AND DIRECTORS IN 12
FILE		☐ DELETE	1.1	TITLE P		Course de Alexan	Change Addition
NAME			1.2	NAME		SEDEGE FEALENT	e# 204
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THILE .		☐ DELETE	61	TITLE			Change Addition
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STREET ADDRESS				STREET ADD			
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- i → i do nereb	iy ceruiy that the information supplied	u wan inis mina does not dua	anty for th	o exembi	JUD Stated II	n Section 119.07(3)(i). Florida Statute	s. 1 Turther 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

OFFICER OR DIRECTOR

2-7-97

407-310-2849