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 # P96000072750 (8)

BMC REALTY, INC.

FILED Jan 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Address								1 1981/1981 110 1014/ 0141/ 98/1/ 98/1/ 00	II BOULHEDH	HON INDAFOLI	1011 1011	
820 43 STREET WEST BRADENTON FL 34209				820 43 STREET WEST BRADENTON FL 34209-3923								
								3. Date Incorporated or Qualified 09/03/1996	3a. D	ate of Last R	eport	
2. Principal Place of Business				2a. Malling Address				4. FEI Number		Ar	oplied For	
21				26 Suite And Heale							ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	X	\$8.75 / Fee Re		
22 City & State				City & State				6. Election Campaign Financing		\$5.00		
23	7			26			Trust Fund Contribution		Added			
Zip		Country		Zip Cour				8. This corporation has liability for intangible tax under s. 199.032,				
24		25 29			30			Florida Statules 🔲 Yes 🔲 No				
9. Name and Address of Current Registered Agent								10. Name and Address of New R	egistered	Agent		
MORRISON, WILLIAM J						81	Name					
820 43 STREET WEST						82	Street Add	eet Address (P.O. Box Number is Not Acceptable)				
BRADENTON FL 34209						83						
						83						
						84	City		FL	85 Zip (Code	
11. Pursuan office or agent I	t to the provising to the total terminal termina	sions of Sections 607.0 gent, or both, in the Sta ith, and accept the ob	502 and 607. te of Florida. ligations of S	1508, Florida Statu Such change was action 607,0505, Fl	tes, the a authorize lorida Sta	bove d by tutes	e-named corpora	poration submits this statement for the ition's board of directors. I hereby accura-		changing it pointment as	s regislered registered	
SIGNATURE		and goods the on	go.io				•					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Regis							nt signature requ	ired when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·		
12.	T.B.	OFFICERS A	ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	D LIETE					1 1 TITLE				Change	Addition	
NAME MORRISON, WILLIAM J STREET ADDRESS 820 43 STREET WEST				1.2 NAME 1.3 Street address		4000000						
		ON FL 34209										
CITY-ST-ZIP TITLE	DIVIDENT	OH 1 C 01208		DELETE	DELETE 2.1 TIT		1. 21		·	Change	Addition !	
NAME					2.2 N							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					2.40	ITY-S	ST-ZIP				}	
TITLE				DELETE	3.1 TI	TLE				Change	☐ Acdition	
. NAME					3.2 N	AME						
STREET ADDRESS					3.3 S	TREFT	ADDRESS					
CITY-ST-ZIP	ļ					• • • • • • • • • • • • • • • • • • • •	ST-ZIP			<u> </u>		
TITLE				☐ DEFELE	4.1 ()					Change	☐ Addition	
NAME					4.21							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE				DELETE	4.4 Cl	TY-S	1- ZIP		·····	Change	Addition	
NAME				had o'both	5.2 N		1					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					ı	11Y-S						
TITLE	<u> </u>			DELETE	61 Ti				4.	Change	☐ Addition	
NAME] :				6.2 N							
STREET ADORESS	1				6.3 \$	IREET	ADDRESS					
CITY-ST-ZIP	<u> </u>				6.4 C	TY - \$1	T-ZIP					
44 1	414 11							11 0 11 (40 07/0)/() 5) (1 0) 1 1				

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 argular goest to 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 performance of 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 chapter of an attachment with an address.

Children Laborator

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