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

PROFIT CORPORATION ANNUAL REPORT

1997



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000087742 (8)

BMG, INC.

Principal Place of Business

Mailing Address

1865 S.W. 4TH AVENUE

1865 S.W. 4TH AVENUE

FILED Jun 20 1997 8:00am Secretary of State



#D-2 DELRAY BEACH FL 33444		#D-2 DELRAY BEACH FL 33444-7935								
					3. Date Incorporated or Qualified 3a. Date 10/18/1996			of Last Report		
2. Principal P	ace of Business	2a. Mailing Address 26			4. FEI Number	4		Applied For		
21								Not Applicable		
Saite, Apt. 22		Suite, Apt. #, etc.			5, Certificate of Status Desired			Additionar Required		
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees			
Zip	Country	Zip	Cour	ılry		8. This corporation has liability for in				
24	25	29	30	30		Florida Statutes Yes No				
	g. Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent							
MOYLE, BERNARD T ESQ.				81	Name					
	FINANCIAL PLAZA			B2	Street Addre	ress (P.O. Box Number is Not Acceptab	le)			
NAT	TONSBANK TOWER, SUITE 1600									
् मा	LAUDERDALE FL 33394		;	В3						
			Ī	В4	City		FL	85	Zip Code	
11. Purayant 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. Thereby accept the appointment as registered										
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
	Signature, typod or printed name of registered agen			Age	nt signature require	ed when reinstating)	DATE			
12. TITLE	OFFICERS AND	DELETE	13.	,	····	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC Char		
NAME	O CONTRACTOR OF THE CONTRACTOR		1.1 1110				l	L Chai	ige L Addition	
STREET ADDRESS	GREER, BRET M 1865 S.W. 4TH AVENUE #D-2		1.2 NAM		*DDALCC					
CITY-ST-ZIP	DELRAY BEACH FL 33444		1.3 STREET ADDRESS							
TITLE	DELETE			1.4 CHY-SI-7IP 2.1 HILE				Char	age Addition	
NAME			2.2 NAME				'		,	
STREET ADDRESS					A@DRESS				Į	
CITY-ST-ZIP			2.4 CHY-ST ZZIP		T#ZIP					
TITLE		☐ DELFTE	E 3.1 1/TLF					Char	ige Addition	
NAME			3.2 NAM	ΛE						
STREET ADDRESS			3.3 STR	EET A	ADDRESS					
CITY-ST-ZIP			3.4. CIT		T - 7(P			_		
TITLE		☐ DELETE	4.1 TOL				l	Char	ige [] Addition	
NAME			4. 2 NAI							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 Cily 5.1 Tili		- ZIP			Chan	ae Addition	
NAME		La bittit	5.1 IIIL				ı		DC Number	
STREET ADDRESS					ADDRESS				Y	
CITY-ST-ZIP			5.4 CITY						6 20	
TITLE		DELETE	6.1 TITL					Chan	ge Addition	
NAME		_		6.2 NAME		30000221	963	33		
STREET ADDRESS			ľ		ADDRESS	30000221 -06/23/970107	502	9		
CITY-ST-ZIP			6.4 CITY	/- ST	- ZIP	***165.00				

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 attartiment with an address.