

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

FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000001445 (0)

1. Corporation Name

BMA FINANCIAL CORP.

Principal Place of Business

P.O. BOX 76349
TAMPA FL 33675

Mailing Address

P.O. BOX 76349
TAMPA FL 33675

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1997

4. FEI Number

59-3418888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 2702 W Azeele

Suite, Apt. #, etc.

22 B

City & State

23 Tampa FL

Zip Country

24 33609

2a. Mailing Address

26 2702 W Azeele

Suite, Apt. #, etc.

27 B

City & State

28 Tampa FL

Zip Country

29 33609 30

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name

Reid Friedman

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

2702 W. Azeele Suite B

83

84 City

Tampa

FL

85 Zip Code

33609

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 Reid Friedman 3-12-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BAUER, CARL J

STREET ADDRESS P.O. BOX 76349

CITY-ST-ZIP TAMPA FL 33675

TITLE D ☐ DELETE

NAME FREIDMAN, SCOTT R

STREET ADDRESS P.O. BOX 76349

CITY-ST-ZIP TAMPA FL 33675

TITLE D ☐ DELETE

NAME FREIDMAN, REID S

STREET ADDRESS P.O. BOX 76349

CITY-ST-ZIP TAMPA FL 33675

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2702 W Azeele #B

Tampa FL 33609

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2702 W. Azeele #B

Tampa FL 33609

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2702 W. Azeele #B

Tampa, FL 33609

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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: Reid Friedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-98

Date

813 875-5599

Daytime Phone # 0387318

CR2E034 (10/97)