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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT



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

2001

DOCUMENT # P97000020646

1. Corporation Name
BMG ASSOCIATES, INC.

A0055185

Principal Place of Business

9561 SATELLITE BLVD
STE. 325
ORLANDO FL 32837 USA

Mailing Address

367 KASSIK CIRCLE
ORLANDO FL 32824

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9561 SATELLITE BLVD
Suite, Apt. #, etc.

2a. Mailing Address

367 KASSIK CIRCLE
Suite, Apt. #, etc.

2. SUITE 325

City & State
ORLANDO FL

27. City & State

Zip Country
32837 USA

28. Zip Country
32837 USA

3. Date Incorporated or Qualified

03/06/1997

4. FEI Number

59-3430752

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Yes No

9. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL 85. Zip Code

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when instituting)

DATE

2. OFFICERS AND DIRECTORS

1. TITLE
PD
2. NAME
GODBY, MARTHA
3. STREET ADDRESS
367 KASSIK CIRCLE
4. CITY-STATE-ZIP
ORLANDO FL 32824

1. TITLE
VSTD
2. NAME
GODBY, WILLIAM
3. STREET ADDRESS
367 KASSIK CIRCLE
4. CITY-STATE-ZIP
ORLANDO FL 32837

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

43. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
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]

4/17/01

FILED