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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000097198 (0)

B.M.T. BROKERAGE, INC.

**FILED** May 07 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			
16264 S.W. 75	TH STREET	16264 S.W. 75TH STREET			
MIAMI FL 33193		MIAMI FL 33193			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					1
					11/14/1997
	lace of Business	28. Mairing Address			4. FEI Number Applied For
	ame as above 26 Same as a				591-07-7710   Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23 Miami, Fla.		28 Miami, Fla.			Trust Fund Contribution Added to Fees
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible
24 33193 25 Dade		29 33193 30 Dade		ade	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
TALKINGTON, BOBBY B1 Name					
	64 <b>S</b> .W. 75TH STREET		90 Sunat Ada		(D.O. O. M. Wheeler I. M. Marracheller)
		82 Street Add		Street A	Address (P.O. Box Number is Not Acceptable)
MIA	MI FL 33193	$\sim$	83		
			**		
		/ )	84	City	85 Zip Code
				<u> </u>	FL   s   z   c   c   c   c   c   c   c   c   c
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 of 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, Soption 607,0505, Florida Statutes.					
1 1/2 1/2 1/2 1					
SIGNATURE Signature, typed or printed name of registered agests and a felt applicable (NOTE, Registered Agent signature required					required when reinstaling) DATE
12.	OFFICERS AND	LAMHECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELET <b>E</b>	1.1 TITLE		☐ Change ☐ Addition
NAME	TALKINGTON, BOBBY		1.2 NAME	ì	
STREET ADDRESS	16264 S.W. 75TH STREET		1.3 STREE	T ADDRESS	
	MIAMI FL 33193		1		
CITY-ST-ZIP TITLE	MININI I C 33 183	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
			2.2 NAME	[	
NAME					
STREET ADDRESS		2.3 STREET ADDRESS		- 1	
CITY-ST-ZIP		05.65	2. 4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME	l	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		DELETE	ETE 4.1 TITLE		Change Addition
NAME			4. 2 NAME		-
STREET ADDRESS				T ADDRESS	
			1	1	
CITY-ST-ZIP		Therete	4.4 City-St-ZiP  DELETE 5.1 Title		Change Addition
TITLE				[	C cuande C wontrou
NAME	:		5.2 NAME		
STREET ADDRESS	•		5.3 STREE	I ADDRESS	
CITY-ST-ZIP		<i></i>	5.4 CITY - 5	ST-ZIP	
TITLE			6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
			li .		
CITY-ST-ZIP	ertify that the information surplied wi	th this filing does not qualify for	fbe exema		d in Section 119.07(3)(i) Florida Statutes. I further certify that the information
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 or an attachment with an address.					
block to indicate to increase or arrangement of a real acciness.					