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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000083266

1. Corporation Name

B.M.A. TALL ONE, INC.  Principal Place of Business	Mailing Addre	ess							
2151 WHITFIELD INDUSTRIAL WAY		D INDUSTRIAL V	NAY		[				
SARASOTA FL 34243	SARASOTA FL	34243				DO NOT WRITE IN TH	IS SPACE		
					}	3. Date incorporated or Qualifed			ר
					Į	09/25/1998			
2. Principal Place of Business	2a. Mailing Ad	idress				4. FEI Number	A	pplied For	1
21	26				}	65-0866138	N	ot Applicable	]
Suite, Apt. #, etc.	Suite, Apt.	. #, etc.		- <u>u</u> .		5. Certifcate of Status Desired		Additional	
22	27					3. Certificate of Status Desired	Fee R	equired	]
City & State	City & Sta	te	ويندن والم			=6:∈Election:Campaign:Financing		May.Be	- -
23	28					Trust Fund Contribution		to Fees	4
Zip Country	Zip	<u></u>	Country	!	}	8. This corporation owes the current year to	ntangible Yes	□No	1
9. Name and Address of Current F	29	30	<u></u>			Personal Property Tax.  10. Name and Address of New Registere		UND	-
5. Name and Address of Current R	registeren Ager	<u> </u>	81	Name		to. Haine and Address of New Address	a Agein	···	1
KRUSE, GEORGE W			<u> </u>						4
2151 WHITFIELD INDUSTRIAL WAY			82	Street A	Street Address (P.O. Box Number is Not Acceptable)			1	
SARASOTA FL 34243			83	<del> </del>					-
			_	<u> </u>					4
,.			84	City		F	85 Zip	Code	
1				<u> </u>					4
Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE  Signature, typed or printed name of registered agent are	ns of, Section 60	07.0505, Florida	Statutes	i <b>.</b>				s registered egistered	}
agent. I am familiar with, and accept the obligation SIGNATURE	ns of, Section 60	07.0505, Florida	Statutes	i <b>.</b>		ation submits this statement for the purpose is board of directors. I hereby accept the app	of changing it ointment as n	ORS IN 12	100
agent. I am familiar with, and accept the obligation  SIGNATURE  Signature, typed or printed name of registered agent an	ns of, Section 60 nd title if applicable. DIRECTORS	(NOTE: Regi	Statutes	nt signature re		ation submits this statement for the purpose is board of directors. I hereby accept the appoint the reinstating)	of changing it ointment as r	ORS IN 12	
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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 suppliemental 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 eccipier 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

VV TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

Change

Addition

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90058 023 \*\*\*150.00

CRZE034 (11/98)