

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
VIA AIR MAIL FIRST CLASS

APPROVED
AND
FILED

95 MAY -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S07685** (8)

BAMCO III, INC.

Principal Office: **GALT MILE MOBIL
3053 N OCEAN BLVD
FT. LAUDERDALE FL 33308
US**

Mailing Address: **3053 NORTH OCEAN BLVD.
FT. LAUDERDALE FL 33308
US**

DEFERRED WITH NO DUES SPACE

3. Date of Incorporation or Organization: **10/23/1990**
3a. Date of Last Report: **07/19/1994**
4. FID Number: **65-0224220**
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 has liability for intangible tax under the Florida Statutes: ☐ Yes ☒ No

2. Principal Office of Business: **21**
2a. Mailing Address: **26**
State Apt # etc: **22**
City & State: **27**
Zip: **24** Country: **25**
City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**MANGNITZ, BERNIE
3053 NORTH OCEAN BLVD.
FT. LAUDERDALE FL 33308**

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: _____

11. Pursuant to the provisions of Sections 607, 608, and 609, 1988, Florida Statutes, the above named corporation submits the 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 Sections 607, 608, Florida Statutes.

SIGNATURE

Signature of Agent (if not the corporation's officer or director)

Signature of Registered Agent (if not the corporation's officer or director)

12. OFFICERS AND DIRECTORS

12.1	NAME: PSD MANGNITZ, BERNIE
12.2	STREET ADDRESS: 4525 WEST TRADEWINDS AVE
12.3	CITY, STATE, ZIP: LAUD BY THE SEA FL
12.4	NAME: _____
12.5	STREET ADDRESS: _____
12.6	CITY, STATE, ZIP: _____
12.7	NAME: _____
12.8	STREET ADDRESS: _____
12.9	CITY, STATE, ZIP: _____
12.10	NAME: _____
12.11	STREET ADDRESS: _____
12.12	CITY, STATE, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME: _____	☐ Change ☐ Addition
13.2	STREET ADDRESS: _____	
13.3	CITY, STATE, ZIP: _____	
13.4	NAME: _____	☐ Change ☐ Addition
13.5	STREET ADDRESS: _____	
13.6	CITY, STATE, ZIP: _____	
13.7	NAME: _____	☐ Change ☐ Addition
13.8	STREET ADDRESS: _____	
13.9	CITY, STATE, ZIP: _____	
13.10	NAME: _____	☐ Change ☐ Addition
13.11	STREET ADDRESS: _____	
13.12	CITY, STATE, ZIP: _____	

14. I, the undersigned, certify that the information supplied sets forth the corporation's officers and directors and is true and accurate and that the corporation shall have the written signatures of all officers and directors who have been elected or appointed to the office of officer or director of the corporation since the filing of the last annual report as required by the Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE:

Bernie Mangnitz
BERNIE MANGNITZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

305-565-7850