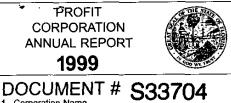
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90227 028 ***150.00

I.R.E. BMOC, INC.	

Principal Place of Business Mailing Address		Mailing Address						•	
P O BOX 5403 P O BOX 5403									
4TH FLOOR 4TH FLOOR FT LAUDERDALE FL 33310-5403 FT LAUDERDALE FL 33310-5403						DO NOT WINE	TE IN THE	PDACE.	
			5403			DO NOT WRI	IE IN I HIS	SPACE	
US		US				3. Date Incorporated or Qualifed			į
						02/25/1991			
2. Principal P	2. Principal Place of Business 2a. Mailing Address			4. FEI Number				<u> </u>	applied For
21	26			58-193080		<u>58-1930804</u>	Not Applicable		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
27							Fee h	Required	
City & State City & State			6. Election Campaign Financing			\$5.00 May Be			
23	23					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip Coun				This corporation owes the curr	ent year Inta		_
24	25	29	30			Personal Property Tax.		∐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New F	Registered A	\gent	
	_			81 Na	ame				
LEV/	AN, ALAN B.			82 Str	root Addres	ss (P.O. Box Number is Not Accepte	nble)		
1750) E. SUNRISE BLVD			62 Sur	reet Addres	SS (F.O. DOX NOTION IS NOT NOTO	1010)		ļ
3RD FLOOR			ļ	83					
FT. I	Lauderdale fl 33304		Ĺ					1.7	
				84 City	ty		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508. Florida Statute	es, the ab	ove-nan	med corpor	ation submits this statement for the	purpose of	hanging it	ts registered
l office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	utnorizea	by the c	corporation	's board of directors. I hereby accep	ot the appoin	itment as i	registered
SIGNATURE	III tallinas vini, alta accept nee conge								
SIGNATORE	Signature, typed or printed name of registered age			kgent signa	ature required v	vhen reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D	☐ DELETE	1.1 TI∏	E				☐ Change	Addition
NAME	LEVAN, ALAN B		1.2 NA	ΝE					
STREET ADDRESS	TADDRESS 1750 E. SUNRISE BLVD 3RD FLOOR		1.3 STF	REET ADDR	RESS				-
CITY-ST-ZIP	FT. LAUDERDAALE FL		1.4 CIT	Y-ST-ZIP					
TITLE	VST	☐ DELETE	2.1 TIT	.E				☐ Change	e 🔲 Addition
NAME	GILBERT, GLEN R.		2.2 NA	νE					
	1750 E. SUNRISE BLVD 3RD I	FLOOR		2.3 STREET ADDRESS					
STREET ADDRESS	FT. LAUDERDALE FL	LOOM		Y-ST-ZIP					[
CITY-ST-ZIP	FI. LAUDENDALE FL	☐ DELETE	3.1 TIT		<u> </u>			☐ Change	Addition
TITLE		□ peres¢							
NAME			3.2 NA						
STREET ADDRESS			•	REET ADDR	Į.				J
CITY-ST-ZIP			_	Y-ST-ZIP				<u>гЭ сі</u>	T Addition
TITLE		☐ DELETE	4.1 TiT	-E				Change	Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 STI	REET ADDR	RESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	l				
TITLE		☐ DELETE	5.1 TIT	Æ				☐ Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STI	REET ADOR	RESS				
1									
CITY-ST-ZIP			5.4 CIT	Y-S]-ZIP					
TITLE		☐ DELETE	5.4 CIT 6.1 TIT					Change	e
TITLE		☐ DELETE	6.1 TIT	E				Change	Addition
TITLE NAME STREET ADDRESS		☐ DELETE	6.1 TIT 6.2 NA	E				Change	e Addition

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, with all the rike of the corporation.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Vice President

4/19/99 954-760-5200 Dayting Phone #

CR2E034 (11/98)