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

CORPORATION ANNUAL REPORT 1998



Secretary of State **DIVISION OF CORPORATIONS**

FILED Jan 28 1998 8:00am Secretary of State

1. Corporation	MEN # 56/6/; BIS MACHINERY COMPANY	3 (1)			
Principal Place	e of Business	Mailing Address			
1340 SOUTH RIDGE LAKE CIRCLE 1340 SOUTH RIDGE LAKE LONGWOOD FL 32750 LONGWOOD FL 32750			AKE CIRCLE		
US US				DO NOT WRITE IN THIS	SPACE
		•••		3. Date Incorporated or Qualified	
				07/18/1991	
	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3081361	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		27			Fee Required
23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the cu	
24	25	29	30		Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
SIMMONS, JAMES B. 81 A					
1340 SOUTH RIDGE LAKE CIRCLE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
LONGWOOD FL 32750				orest (i referentiation to main apoptable)	
			83		
			84 City		85 Zip Code
				FL	_ !
11. Pursuant t office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations are sent to the obligations of the obligatio	2 and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, F	utes, the above-named con authorized by the corpora- florida Statutes	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATURE	The same with a second the obligation		iorida otaldico.		
OIGIVATORE .	Signature, typed or printed name of registered ager	TO A TO A DECEMBER OF THE SAME	TE: Registered Agent signature requ	ulrod when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PST CHARGON LAWES D	L DELETE	1,1 TITLE		Change Addition
NAME	SIMMONS, JAMES B.		1,2 NAME		
STREET ADDRESS	LONGWOOD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL PST	[] DELETE	1.4 CITY - ST - ZIP		Observe D Address
TITLE		[_] DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
·	STREET ADDRESS 1340 SOUTH RIDGE LAKE CIRCLE LONGWOOD FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LONGITOOD (L	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		better	3.2 NAME		rm cuango F i veginosi
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	·	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		Ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 Ahanged, or on an attachment with an address.

1/20/08