

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V16279 (4)

1. Corporation Name

BAMCO IV, INC.

Principal Place of Business

**16299 BISCAYNE BLVD
N MIAMI FL 33160
US**

Mailing Address

**3053 NORTH OCEAN BLVD.
FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1992

3a. Date of Last Report

07/22/1994

4. FCI Number

65-0343197

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Finance

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199 (CSR)
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

County

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

County

29

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 607.05(5) and 607.15(5A), Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent, to both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am further with, and accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP

**PST
MANGNITZ, BERNIE
4525 WEST TRADEWINDS AVE
LAUDERDALE BYTHE FL**

TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP

**D
MANGNITZ, BERNIE
4525 WEST TRADEWINDS AVE
LAUDERDALE BYTHE FL**

TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP

**VP
DRAGOSLAVIC, GORDAN
2712 NE 21 TERR
FT LAUDERDALE FL**

TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP

TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP

TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY & STATE

5. ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY & STATE

5. ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I am hereby certifying that the information supplied with this filing is accurately furnished and does not equally for the meaning that stated in the laws of the State of Florida. I further certify that the information included in this annual report or supplementary annual report is true and accurate and that any separate statement that has been filed under order of the State of Florida is a true and correct copy of the original as the same appears in the records of the State of Florida. I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

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

4-27-95

305-565-7850
Telephone Number