

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Murray
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V69455** (6)

BAMCO VI, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **% SHERIDAN MOBIL
2730 SHERIDAN STREET
HOLLYWOOD FL 33020**

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

3. Date Incorporated or Qualified: **10/07/1992**

3a. Date of Last Report: **07/19/1994**

4. FEI Number: **65-0367767**

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**

7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

State: **22**

City & State: **27**

City & State: **23**

City & State: **28**

City & State: **29**

City & State: **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:

01 Name: _____

02 Street Address (P.O. Box Number is Not Acceptable): _____

03 _____

04 City: _____

05 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this 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 607.0602, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS:

NAME: DPS MANGNITZ, BERNIE	STREET ADDRESS: 4525 W. TRADEWINDS AVE LAUDERDALE BY SEA FL	STATE: FL	ZIP CODE: 33050	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TDVS MANGNITZ, BERNIE	STREET ADDRESS: 4525 W. TRADEWINDS AVE LAUDERDALE BY SEA FL	STATE: FL	ZIP CODE: 33050	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	STATE: _____	ZIP CODE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	STATE: _____	ZIP CODE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	STATE: _____	ZIP CODE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	STATE: _____	ZIP CODE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	STATE: _____	ZIP CODE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the nonpayment status under Section 190.032, Florida Statutes. I further certify that the information submitted is the annual report or supplemental annual report as true and correct and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation of the name or holder 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 report, or as an attachment with an address.

SIGNATURE: **Bernie Mangnitz** **4-27-95** **305-565-7850**

SIGNATURE AND TYPED OR PRINTED NAME OF HIGH OFFICER OR DIRECTOR