

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V69455** (6)  
1. Corporation Name  
**BAMCO VI, INC.**



Principal Place of Business <b>% SHERIDAN MOBIL 2730 SHERIDAN STREET HOLLYWOOD FL 33020</b>	Mailing Address <b>3053 NORTH OCEAN BLVD. FT. LAUDERDALE FL 33308-7311</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/07/1992</b>	3a. Date of Last Report <b>06/19/1996</b>
21		26		4. FEI Number <b>65-0367767</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

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 607.0502 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANGNITZ, BERNIE</b>	1.2 NAME	
STREET ADDRESS	<b>2730 NE 30TH AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LIGHTHOUSE POINT FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>TDVS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANGNITZ, BERNIE</b>	2.2 NAME	
STREET ADDRESS	<b>2730 NE 30TH AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LIGHTHOUSE POINT FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		4.1 CITY - ST - ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0264206

CR2E034 (9/96)