


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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # V69455 (6)		
1. Corporation Name BAMCO VI, INC.		

Principal Place of Business % SHERIDAN MOBIL 2730 SHERIDAN STREET HOLLYWOOD FL 33020	Mailing Address 3053 NORTH OCEAN BLVD. FT. LAUDERDALE FL 33308
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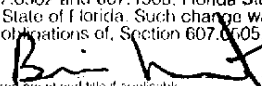


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 2333 N. STATE ROAD 7		3. Date Incorporated or Qualified 10/07/1992	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 SUITE # E		4. FEI Number 65-0367767	
City & State 23		City & State 28 MARGATE, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29 33063	Country 30 BROWARD	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 BERNIE MANGNITZ			
				82 Street Address (P.O. Box Number is Not Acceptable) 2333 NORTH STATE ROAD 7			
				83 SUITE # E			
				84 City MARGATE FL 85 Zip Code 33063			

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 607.05, Florida Statutes.

SIGNATURE  DATE **4-22-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPS	<input type="checkbox"/> DELETE		1.1 TITLE	P T S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANGNITZ, BERNIE			1.2 NAME	BERNIE MANGNITZ		
STREET ADDRESS	2730 NE 30TH AVE			1.3 STREET ADDRESS	2333 N. STATE ROAD 7, SUITE # E		
CITY-ST-ZIP	LIGHTHOUSE POINT FL			1.4 CITY-ST-ZIP	MARGATE, FL 33063		
TITLE	TDVS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANGNITZ, BERNIE			2.2 NAME			
STREET ADDRESS	2730 NE 30TH AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

CR2E034 (10/97)