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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 262192

Country

9. Name and Address of Current Registered Agent

25

Corporation Name

City & State

23

24

Zip

BAYLY INC					
Principal Place of Business	Mailing Address				
4151 N 29TH AVE HOLLYWOOD FL 33020	4151 N 29TH AVE HOLLYWOOD FL 33020				
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

27

28

29

Zip

City & State

FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90089 018 \*\*\*150.00



Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

08/27/1962 4. FEI Number

23-0391580

WAGNEH, HICHARU B 9730 NW. 35TH ST.		82	Street Address (P.O.	Box Number is Not	ox Number is Not Acceptable)			
HOLLYWOOD FL 33024								
		84	City			85 2	Zip Code	
		1 1	•		<u>FL</u>		·	
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.15 office or registered agent, or both, in the State of Florida. St agent. I am familiar with, and accept the obligations of, Sec</li> </ol>	ich change was au	thorized by	the corporation's board	bmits this statemen of directors. I herel	t for the purpose of by accept the appoi	changing ntment a	g its registere s registered	ed
SIGNATURE	No.	· · · · · · · · · · · · · · · · · · ·	t signature required when reinsta		DATE			
Signature, typed or printed name of registered agent and title if applic  12. OFFICERS AND DIRECTO		13.		OITIONS/CHANGES		D DIREC	CTORS IN 1	2
12. OFFICERS AND DIRECTO	☐ DELETE	1.1 TITLE		JITIOTTO POTENTICE	70 011102110711	Char		
NAME WAGNER, RICHARD B.		1.2 NAME				_	-	
STREET ADDRESS 9730 NW. 35TH ST.		1.3 STREET	ADDRESS					
HOLLYWOOD FI		1.4 CITY-ST						
CITY-ST-ZIP MULLYWUUU FL	[] DELETE	2.1 TITLE	-ZIP			Char	ige 🔲 Add	Idition
NAME	<u></u>	2.2 NAME				_	-	
		2.3 STREET	ADDRESS					
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NAME	Д	5.2 NAME					• –	
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		5.4 CITY-ST	·					
CITY-ST-ZIP	DELETE	6.1 TITLE			· · · · · · ·	Char	nge 🗌 Add	Idition
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET	ADDRESS					
CITY-\$T-ZIP		6.4 CITY-ST	-ZIP					
14. I hereby certify that the information supplied with this filing of	loes not qualify for	the exempti	on stated in Section 11	9.07(3)(i), Florida S	tatutes. I further cer	tify that t	he information	on.

Country

81 Name

30

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, with all other like empowered.

**SIGNATURE** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/8/99

954-923-0255

time Phone #

RZE034 (11/98)