

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mathias
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L47385**

(4)

1. Corporation Name
BAD INVESTMENTS, INC.



2. Principal Place of Business

% **SHERRIE M. WILLNER**
 1820 NE 163RD ST
 N MIAMI BEACH, FL. 33162

2a. Mailing Address

% **SHERRIE M. WILLNER**
 1820 NE 163RD ST
 N MIAMI BEACH, FL. 33162

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. No., etc.

26 State, Apt. No., etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

WILLNER, SHERRIE M.
 1820 NE 163RD ST
 N MIAMI BEACH FL 33162

3. Date Incorporated or Qualified **02/05/1990** 3a. Date of Last Report **10/12/1995**
 4. FEI Number **65-0176756** 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 607.07(2) 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.07(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12-1 NAME	DP WILLNER, SHERRIE M.	<input type="checkbox"/> DELETE
12-2 STREET ADDRESS	1820 NE 163RD ST	
12-3 CITY, ST., ZIP	N MIAMI BEACH FL	
12-4 NAME		<input type="checkbox"/> DELETE
12-5 STREET ADDRESS		
12-6 CITY, ST., ZIP		
12-7 NAME		<input type="checkbox"/> DELETE
12-8 STREET ADDRESS		
12-9 CITY, ST., ZIP		
12-10 NAME		<input type="checkbox"/> DELETE
12-11 STREET ADDRESS		
12-12 CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13-1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-2 STREET ADDRESS		
13-3 CITY, ST., ZIP		
13-4 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-5 STREET ADDRESS		
13-6 CITY, ST., ZIP		
13-7 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-8 STREET ADDRESS		
13-9 CITY, ST., ZIP		
13-10 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-11 STREET ADDRESS		
13-12 CITY, ST., ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(c), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in book 12 or Book 13 of the Division of Corporations in an official capacity.

SIGNATURE: *Sherrie M Willner, Pres.* 1/16/96 305-944-8688
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)