

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90148 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000035296

1. Corporation Name
BACHMAN ENTERPRISES, INC.



Principal Place of Business 3461 BONITA BAY BLVD., #201 BONITA SPRINGS FL 34134 US	Mailing Address 3461 BONITA BAY BLVD., #201 BONITA SPRINGS FL 34134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 27800 Old 41 Road Suite, Apt. #, etc. 22	2a. Mailing Address 26 27800 Old 41 Road Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 05/01/1995
23 Bonita Springs FL City & State 24 34135 25 USA Zip Country	28 Bonita Springs FL City & State 29 34135 30 USA Zip Country	4. FEI Number 65-0592354
9. Name and Address of Current Registered Agent BACHMAN, ROBERT A 3461 BONITA BAY BLVD., #201 BONITA SPRINGS FL 34134		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 27800 Old 41 Road	83	84 City Bonita Springs	85 Zip Code FL 34135
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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 _____ DATE _____
 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMAN, ROBERT A	1.2 NAME	
STREET ADDRESS	3461 BONITA BAY BLVD., #201	1.3 STREET ADDRESS	27800 Old 41 Road
CITY-ST-ZIP	BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN MILLER	2.2 NAME	
STREET ADDRESS	3461 BONITA BAY BLVD., SUITE 201	2.3 STREET ADDRESS	27800 Old 41 Road
CITY-ST-ZIP	BONITA SPRINGS FL 34134	2.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN B. LENTZ	3.2 NAME	
STREET ADDRESS	3461 BONITA BAY BLVD., SUITE 201	3.3 STREET ADDRESS	27800 Old 41 Road
CITY-ST-ZIP	BONITA SPRINGS FL 34134	3.4 CITY-ST-ZIP	Bonita Springs, FL 34135
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 TITLE	<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, with all other like empowered.

SIGNATURE: Stephan Lentz 4-26-99 941-947-4552
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)