

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000062356 (7)
1. Corporation Name

BAKAN INC.



Principal Place of Business: 4101 NORTH OCEAN BLVD. #1603 BOCA RATON FL 33431
Mailing Address: 4101 NORTH OCEAN BLVD. #1603 BOCA RATON FL 33431

3. Date Incorporated or Qualified: 08/11/1995
3a. Date of Last Report: [Blank]
4. FEI Number: [Blank] 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

2. Principal Place of Business: 21 Suite, Apt #, etc: [Blank] 22 City & State: [Blank] 23 Zip: [Blank] 24 Country: [Blank]
2a. Mailing Address: 26 Suite, Apt #, etc: [Blank] 27 City & State: [Blank] 28 Zip: [Blank] 29 Country: [Blank]

9. Name and Address of Current Registered Agent: BENGISU, DOGAN, 4101 NORTH OCEAN BLVD. #704, BOCA RATON FL 33431

10. Name and Address of New Registered Agent: 81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): [Blank] 83 [Blank] 84 City: [Blank] 85 Zip Code: FL [Blank]

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: [Blank] Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABACAN, MEHMET O	1 2 NAME	
STREET ADDRESS	4101 NORTH OCEAN BLVD. #1603	1 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	1 4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKKAN, MURAT	2 2 NAME	
STREET ADDRESS	4101 NORTH OCEAN BLVD. #1603	2 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	2 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABACAN, TIMUCIN	3 2 NAME	
STREET ADDRESS	4101 NORTH OCEAN BLVD. #1603	3 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	3 4 CITY-ST-ZIP	
TITLE	[Blank] <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[Blank]	4 2 NAME	
STREET ADDRESS	[Blank]	4 3 STREET ADDRESS	
CITY-ST-ZIP	[Blank]	4 4 CITY-ST-ZIP	
TITLE	[Blank] <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[Blank]	5 2 NAME	
STREET ADDRESS	[Blank]	5 3 STREET ADDRESS	
CITY-ST-ZIP	[Blank]	5 4 CITY-ST-ZIP	
TITLE	[Blank] <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[Blank]	6 2 NAME	
STREET ADDRESS	[Blank]	6 3 STREET ADDRESS	
CITY-ST-ZIP	[Blank]	6 4 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(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Timucin Babacan* (407)394-2819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Timucin Babacan Date: [Blank] Daytime Phone #

CR2E034 (3/96)