

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047461 (6)

1. Corporation Name

B.A.D. ASSOCIATES, INC.

Principal Place of Business

5301 N.E. 18TH AVE.
SUITE 2
FT. LAUDERDALE FL 33334

Mailing Address

5301 N.E. 18TH AVE.
SUITE 2
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

4. FEI Number

65-0518065

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUBREE, ROBERT H SR
5301 N.E. 18TH AVE.
SUITE 2
FT. LAUDERDALE FL 33334

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 607.0502 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
DUBREE, BARBARAANNE
2. STREET ADDRESS
5301 N.E. 18TH AVE., SUITE 2
3. CITY-ST-ZIP
FT. LAUDERDALE FL 33334

1. NAME
DUBREE, ROBERT H SR
2. STREET ADDRESS
5301 N.E. 18TH AVE., SUITE 2
3. CITY-ST-ZIP
FT. LAUDERDALE FL 33334

1. NAME
2. STREET ADDRESS
3. CITY-ST-ZIP

1. NAME
2. STREET ADDRESS
3. CITY-ST-ZIP

1. NAME
2. STREET ADDRESS
3. CITY-ST-ZIP

1. NAME
2. STREET ADDRESS
3. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

Robert H. Dubree, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-95

805-777-8236