

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 312229 (8)  
1. Corporation Name  
BAVAK INC



Principal Place of Business C/O FRED J. NOVAK 3837 HOLLYWOOD BLVD HOLLYWOOD FL 33021	Mailing Address C/O FRED J. NOVAK 3837 HOLLYWOOD BLVD HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1966	
21		26		4. FEI Number 59-1203294	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent NOVAK, FRED J 3837 HOLLYWOOD BLVD HOLLYWOOD FL 33021				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	BATES, ROBERT G.		1.1 TITLE	D	BATES ROBERT G	
NAME				1.2 NAME			
STREET ADDRESS		345 NORTH ATLANTIC BLVD., APT. 804		1.3 STREET ADDRESS		4435 ORCHID ST	
CITY-ST-ZIP		FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		BATON ROUGE LA 70808	
TITLE	PO	BATES, LUCY D		2.1 TITLE	D	BATES, ROBERT G	
NAME				2.2 NAME			
STREET ADDRESS		1280 S W 14TH AVE		2.3 STREET ADDRESS		345 N. ATLANTIC BLVD APT 804	
CITY-ST-ZIP		FT LAUDERDALE, FL 00000-33312		2.4 CITY-ST-ZIP		FT. LAUDERDALE, FL 33304	
TITLE	STD	NOVAK, FRED J		3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS		3837 HOLLYWOOD BLVD		3.3 STREET ADDRESS			
CITY-ST-ZIP		HOLLYWOOD, FL 00000-33021		3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
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.

SIGNATURE *Fred J. Novak* 2-9-98 (954) 981-5161

CR2E034 (10/97)