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PROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #

SIGNATURE:

313229

**(7)** 

1. Corporation Name BACHARA BUILDERS INC  Principal Place of Eusiness 6946 BEACH BLVD JACKSONVILLE FL 32216  Mailing Address 6946 BEACH BLVD JACKSONVILLE FL 32216							
				3. Date Incorporated or Qualified 02/01/1967		e of Last 04/24/	
<b>2.</b> Principal Pla 1	flace of Business	2a. Mailing Address		4. FEI Number		<del>- 7- 7</del>	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-1165092			Not Applicat
2	., 0	27 Suite, Apt. #, etc.		5. Certificate of Status Desired			5 Additional
Crty & State	е	City & State		6. Election Campaign Financing			Required
3		28		Trust Fund Contribution			00 May Be ed to Fees
Zip ⊒T	Country	Zιρ	Country	8. This corporation has liability for	intangible ta		
<u> </u>	9 Name and Address of Cu	29	30	Florida Statutes	s 🗌 No		00.002
	9. Name and Address of Cu	irrent Hegistered Agent	24 1	10. Name and Address of New F	Registered	Agent	
BACH/	ARA,HENRY G		81 Name				
	BEACH BLVD		82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)		
	SONVILLE FL 32216		83				
	701717000 1 0 700.0						
			84 City			<b>85</b> Z	ip Code
					1.77		•
1. Pursuant to	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	ites, the above named corpo	ration enhante this statement for the nu	FL roose of cha		: off:
Pursuant to or registere familiar with	to the provisions of Sections 607.0 ed agent, or both, in the State of F in. and accept the obligations of, S	0502 and 607,1508, Florida Statu Florida, Such change was authori Section 607,0505, Florida Statute	utes, the above named corporated by the corporation's boat	oration submits this statement for the pur ard of directors. I hereby accept the app	rpose of cha pointment as		registered offi d agent. I am
SIGNATURE		,	Ites, the above-named corporation's boats.	vation submits this statement for the pul and of directors. I hereby accept the app	rpose of cha pointment as		registered offi d agent. I am
SIGNATURE _	Signature, typed or printed name of registered a	agent and title if applicable. (N	utes, the above named corporized by the corporation's boales.	ed when reinstating!	rpose of cha cointment as	anging its registere	
ignature	Signature, typed or printed name of registered a	agent and tide if applicable. (N 6 AND DIRECTORS	NOTE: Registered Agent signature require		rpose of cha cointment as	anging its registere	
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