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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 611928

(3)

BACHELOR BUTTON, INC.

## **FILED** Feb 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
4218 BAY TO BAY BLVD. 4218 BAY TO BAY BLVD. TAMPA FL 33629 TAMPA FL 33629							
INMENTE S	rot v	TAMPA FL 33629			DO NOT WRITE IN THIS	SPACE	
Ì					3. Date incorporated or Qualified		
					03/06/1979		
		2a. Mailing Address	n "		4, FEI Number	Applied For	
Suite Apt # etc		26		59-1903757	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22 City & State		Crty & State			Fee Required		
23	28				6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Zip Country		rv	Trust Fund Contribution	Added to Fees	
24	25	<b>├</b> ¬ `	30	.,	This corporation owes or has paid the cu     Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current				10. Name and Address of New Registered	<u> </u>	
FF	RNANDEZ, JESUS M.		В	1 Name			
4218 BAY TO BAY BLVD. TAMPA FL 33829			8	Ctroot Ad	dropp (D.O. Boy Number in Not Assessable)		
			ľ	2 Sheet Ad	Street Address (P.O. Box Number is Not Acceptable)		
			8	83			
			8	4 City		OF Zin Code	
				- '	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, lyped or preside harms of registered agest and title if applicable (NOTE: Registered Agent signature regulated when reinstating)  DATE							
12.	OFFICERS AND		13.	Born argustore red	ADDITIONS/CHANGES TO OFFICERS AN	D DIBECTORS IN 12	
TITLE	PD	☐ DELET <b>e</b>			The first of the f	☐ Change ☐ Addition	
NAME	FERNANDEZ, JESUS M.	1.2 N				-	
STREET ADDRESS	4040 0444 TA 1044 TA 104		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL 1.44		1.4 City-	\$T-ZIP			
TITLE	4.5		2 1 TITLE			Change Addition C	
NAME	Baumgarner, Donald W.		2.2 NAME				
STREET ADDRESS	4218 BAY TO BAY BLVD.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2.4 CITY	-ST-ZIP			
TITLE	•••		3 1 TITLE			☐ Change ☐ Addition	
NAME	DUPREE, LEE		3.2 NAME				
STREET ADDRESS	8708 ORANGE LEAF CT			T ADDRESS		ŀ	
CITY-ST-ZIP	TAMPA FL	Doctor	3.4. CITY	-ST-7IP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME STREET ADDRESS			4. 2 NAMI				
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-	ST-ZIP		Change	
NAME			5.1 TITLE			Change Addition	
STREET ADDRESS			5.2 NAME	1 ADDRESS			
CITY-ST-ZIP				1 ADDRESS			
TITLE		DELETÉ	5.4 CHTY- 6.1 THLE	21-711,		Change Addition	
NAME		percie	6.2 NAME	İ		CHAINGE LI MUNICIPE	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
	<del></del>		0.10111	D1 4/1			

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 changes of the corporation of the corporation of the corporation of the receiver of 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 changes of the corporation of the corporatio