Applied For

\$8.75 Additional

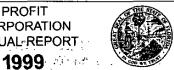
Fee Required

\$5.00 May Be

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 634563

Suite, Apt. #, etc.

City & State

BADEN-BADEN, INC.

Mailing Address
1400 VILLAGE SOUARE BLVD. SUITE 25 TALLAHASSEE FL 32312 US

26

Suite, Apt. #, etc.

City & State

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90041 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

08/31/1979 4. FEI Number

59-1960928

23			20]				Trust Fully Contribution		
Zip		Country	Zip		Country		8. This corporation owes the current year		_
24	25		29	30			Personal Property Tax.		□No
	9. Name and	Address of Current R	egistered Agen	<u> </u>	<u> </u>		10. Name and Address of New Register	ed Agent	
DUE	ODD DIVEDS	ID			81	Name			
BUFORD, RIVERS, JR. 823 THOMASVILLE ROAD					82 Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL							· · · · · · · · · · · · · · · · · · ·		
IALL	ALMONEE LE				83				ļ
					84	City		85 Zip C	ode
11 Pursuant	to the provisions	of Sections 607 0502 a	nd 607 1508 Ele	orida Statutos t	ne above	-named cor	poration submits this statement for the purpose		registered
office or re	egistered agent.	or both, in the State of F	Florida. Such cha	ange was author	ized by	the corporat	tion's board of directors. I hereby accept the ap	pointment as rec	jistered
agent. I a	m familiar with, a	and accept the obligation	s of, Section 60	7.0505, Florida :	Statutes.			: .	
SIGNATURE	Stanature, broad or no	inted name of registered agent an	d title if anolicable	(NOTE: Regis	tered Agen	t signature requir	red when reinstating) DATE		
12.	Organization types of pro	OFFICERS AND D			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	Ρ	1000		DELETE	1.1 TITLE	$\overline{}$		Change	☐ Addition
NAME	BUFORD, JU	LIUS H.			1.2 NAME				
STREET ADDRESS		LAGE SQUARE BLVD	.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	TALLAHASSE	E FL			1.4 CITY-ST	-ZIP			
TITLE				DELETE :	2.1 TITLE			☐ Change	Addition
NAME				:	2.2 NAME				
STREET ADDRESS				:	2.3 STREET	ADDRESS			
CITY-ST-ZIP					2. 4 C/TY-S	T-ZIP			
TITLE				DELETE	3.1 TITLE			Change	Addition
NAME	-				3.2 NAME			يسبحه داهد الديد	
STREET ADDRESS				;	3.3 STREET	ADDRESS			
CITY-ST-ZIP					3.4. CITY-S	T-ZIP			
TITLE			Ц	DELETE	4.1 TITLE			Change	Addition \
NAME					4. 2 NAME				
STREET ADDRESS	1				4.3 STREET	ADDRESS			
CITY-ST-ZIP					4.4 CITY-S1	-ZIP		Change	☐ Addition
TITLE	পুত্ৰ কল্প কৰ্ম		ك		5.1 TITLE 5.2 NAME			☐ Change	☐ Addition
NAME		F4 5 5 5			5.2 NAME 5.3 STREET	ADDDESS			ĺ
STREET ADORESS									
CITY-ST-ZIP			<u>—</u>		54 CITY-ST	- 2112		☐ Change	Addition
TITLE					6.2 NAME	İ			☐ Audiaon
NAME					6.3 STREET	ADDRESS			
STREET ADDRESS					6.4 CITY-ST				
CITY-ST-ZIP	ortify that the inf	formation supplied with the	his filing does no			-	Section 119.07(3)(i), Florida Statutes. I further	certify that the ir	nformation

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, with all other like empowered.

SIGNATURE

CR2E034 (11/98)