
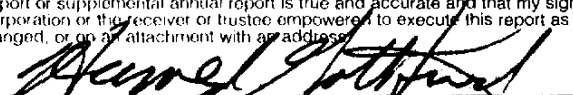


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 660063 (9)</b> 1. Corporation Name <b>BAHA DEVELOPMENT CORP.</b>					
Principal Place of Business <b>10000 W. BAY HARBOR DR. APT. 423 BAY HARBOR FL 33154 US</b>			Mailing Address <b>10000 W. BAY HARBOR DR. APT. 423 BAY HARBOR ISLANDS FL 33154 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/21/1980</b> 4. FEI Number <b>59-1991193</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GOTTFRIED, HAROLD 1000 W. BAY HARBOR DR. APT. 423 BAY HARBOR ISLAND FL 33154</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME <b>PD GOTTFRIED, HAROLD</b> 1.3 STREET ADDRESS <b>1000 W. BAY HARBOR DR. APT. 423</b> 1.4 CITY-ST-ZIP <b>BAY HARBOR ISLAND FL</b> 1.5 TITLE <input type="checkbox"/> DELETE 1.6 NAME <b>S GOTTFRIED, BARBARA</b> 1.7 STREET ADDRESS <b>1000 W BAY HARBOR DR. APT. 423</b> 1.8 CITY-ST-ZIP <b>BAY HARBOR ISLAND FL</b> 1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>same</b> 1.3 STREET ADDRESS <b>3501 Keyser Ave</b> 1.4 CITY-ST-ZIP <b>Hollywood, FLA. 33021 #21</b> 1.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.6 NAME <b>same</b> 1.7 STREET ADDRESS <b>3501 Keyser Ave</b> 1.8 CITY-ST-ZIP <b>Hollywood, FLA. 33021 #21</b> 1.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.14 NAME 1.15 STREET ADDRESS 1.16 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:  <b>FEB 18/98 305 950 7502</b>					

CR2E034 (10/97)