## FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755472**

1. Corporation Name

**THE BACHELORS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 140611<br>CORAL GABLES FL 33114-0611 | P.O. BOX 140611<br>CORAL GABLES FL 33114-0611 |

| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualifed<br>**12/05/1980** | |
|---|---|---|---|
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number<br>**65-0313875** | Applied For<br>Not Applicable |
| City & State 23 | City & State 28 | 5. Certifcate of Status Desired ☒ | **$8.75** Additional<br>Fee Required |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 6. Election Campaign Financing ☐<br>Trust Fund Contribution | **$5.00** May Be<br>Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SHANNON, R MATTHEW<br>2930 DAY AVE #203<br>MIAMI FL 33133 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City   FL   85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 **PD** ☒DELETE<br>NAME **HOLLY, WILLIAM H**<br>STREET ADDRESS **601 BRICKELL KEY DR STE 600**<br>CITY-ST-ZIP **MIAMI FL 33131** | | 1.1 TITLE **V/D**<br>1.2 NAME WILLIAM T. SESSIONS<br>1.3 STREET ADDRESS 711 UNIVERSITY DRIVE<br>1.4 CITY-ST-ZIP CORAL GABLES, FL 33134 | ☐Change ☒Addition |
| TITLE **TD** ☐DELETE<br>NAME **SHANNON, R MATTHEW**<br>STREET ADDRESS **2930 DAY AVE #203**<br>CITY-ST-ZIP **MIAMI FL 33133** | | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☐Change ☐Addition |
| TITLE **VD** ☐DELETE<br>NAME **STRAHM, MICHAEL A**<br>STREET ADDRESS **1717 N BAYSHORE DR #3752**<br>CITY-ST-ZIP **MIAMI FL 33132** | | 3.1 TITLE P/D<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | ☒Change ☐Addition |
| TITLE ☐DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 4.1 TITLE S/D<br>4.2 NAME CHRISTOPHER W. COLE<br>4.3 STREET ADDRESS 2945 BRIDGEPORT AVENUE, NO. B<br>4.4 CITY-ST-ZIP MIAMI, FL 33133 | ☐Change ☒Addition |
| TITLE ☐DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 5.1 TITLE S/D<br>5.2 NAME H. STEVEN VOGEL<br>5.3 STREET ADDRESS 3077 CENTER STREET<br>5.4 CITY-ST-ZIP MIAMI, FL 33133 | ☐Change ☒Addition |
| TITLE ☐DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐Change ☐Addition |

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 617, 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: _R. Matthias Shannon_ ~~REQUIRED~~ R. MATTHEW SHANNON 4-26-99 (305) 644-1023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)