FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:13

DOCUMENT # F08943 (5)

1. Corporation Name

BAC, INC.

Principal Place of Business	Mailing Address
930 SW MULBERRY WAY BOCA RATON FL 33486	930 SW MULBERRY WAY BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1980	3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-2054926	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☑ Yes ☐ No

2 Principal Place of Business		2a Mailing Address	
21	400 N FEDERAL HWY	26	400 N FEDERAL HWY
22 Suite, Apt #, etc	SUITE 515	27 Suite, Apt #, etc	SUITE 515
23 City & State	DEERFIELD BEACH	28 City & State	DEERFIELD BEACH
24 Zip	33441	29 Zip	33441
25 Country	BROWARD	30 Country	BROWARD

9. Name and Address of Current Registered Agent

BECKLEIN, CHARLES
930 S.W. MULBERRY WAY
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name	BECKLEIN, CHARLES
82 Street Address (P.O. Box Number is Not Acceptable)	400 N FEDERAL HWY
83	SUITE 515
84 City	DEERFIELD BCH FL
85 Zip Code	33441

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: Charles Becklein 3/11/95

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	P	1.1 TITLE	P ☑ Change ☐ Addition
NAME	BECKLEIN, CHARLES	1.2 NAME	BECKLEIN, CHARLES
STREET ADDRESS	930 S.W. MULBERRY WAY	1.3 STREET ADDRESS	400 N. FEDERAL HWY SUITE 515
CITY ST ZIP	BOCA RATON FL	1.4 CITY ST ZIP	DEERFIELD BEACH FL, 33441
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Charles Becklein CHARLES BECKLEIN 3/11/95 305-570-7538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #