							and the second of the second o
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						_ FILED	
COF	PROFIT RPORATION			RTMENT OF STATE B. Mortham		Jan 15 199	98 8:00am
AININ	UAL REPORT 1998			ary of State CORPORATIONS	.	Secretar	y of State
DOCU 1. Corporation	MENT # F089	43	(5)				J
BAC, II			` '				
Principal Plac	ce of Business	Mailin	g Address				
400 N FEDERAL HWY 400 N FEDERAL HWY					- (		
SUITE 515 SUITE 515 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL				13441	DO NOT WRITE IN THIS SPACE		
US		US			[ -	3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Ma	ailing Address			12/12/1980 4. FEI Number	Applied For
21		26			·	59-2054926	Not Applicable
Suite, Apt.	#, etc.	27 Su	ite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	28	y & State		,	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	)	Country	1	8. This corporation owes or has pa	d the current year Intangible
24	25 25 9. Name and Address of Cu	29 rrent Registere	ed Agent	30	11	Personal Property Tax due June  Name and Address of New Reg	
BE	CKLEIN, CHARLES			81 Name			
ACC AT FERFORE LINARY						(P.O. Box Number is Not Acceptab	le) .
SUITE 515				83			
DE:	ERFIELD BEACH FL 33441				<u> </u>		
				84 City			FL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607, registered agent, or both, in the S im familiar with, and accept the o	0502 and 607.1 tate of Florida. S bligations of, Se	508, Florida Statut Such change was ection 607,0505, Fl	tes, the above-name authorized by the co orida Statutes.	d corporati orporation's	ion submits this statement for the pi board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
SIGNATURE	Signature, typed or printed name of registers	d agent and little if age	olicable. (NO)	E. Registered Agent signatur	re required wh	en reinstation)	DATE
12.		AND DIRECTO	RS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P PEOPLE OUR BUE		DELETE	1.1 TMLE	S	LLBIN, CHARLES	Change Addition
NAME STREET ADDRESS	BECKLEIN, CHARLES 400 N FEDERAL HWY, SU	ME 515		1.2 NAME 1.3 STREET ADDRESS	100	N FEDERAL HWY,	SUITE 515
CITY-ST-ZIP	DEERFIELD BEACH FL	11 - 313		1.4 CITY-ST-ZIP	De	ERFIELD BEACH, F	L 33441
TITLE	VP		DELETE	2.1 TITLE	√₽		Change Addition
NAME	BECKLEIN, ALAN C			2.2 NAME	<b>1</b>	LLEIN, ALAN C	
STREET ADDRESS CITY-ST-ZIP	9240 SW 16 RD E BOCA RATON FL			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	<sup>;</sup>	,	
TITLE	S		DELETE	3.1 TITLE	P		Change Addition
NAME	BECKLEIN, CAROL A.			3.2 NAME	් පිළු	N FEDERAL WWY,	SUITE CIC
STREET ADDRESS	400 N FEDERAL HWY., St	JITE 515		3.3 STREET ADDRESS	400	N FEDERAL MONT	2010 2011
TITLE	DEERFIELD BEACH FL	<del></del>	DELETE	3.4. CITY=ST-ZIP 4.1 TITLE	Des	ERFIELD BEACH,	Change Addition
NAME				4, 2 NAME			CIALIGO /Addition
STREET ADDRESS				4,3 STREET ADDRESS			
CITY-ST-ZIP		<del></del> -		4.4 CITY - ST-ZIP		<u> </u>	0
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME	}		Change Addition
NAME STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS	İ		
CITY-ST-ZIP	<u> </u>			5,4 CITY - ST - ZIP			
TITLE			DELETE	6.1 TITLE			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: COROLUA Desples UIRED 954570-7538 Osytime Phone # 033770

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP