

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

pg. 1062

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED

97 MAY 29 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1996-1997

DOCUMENT # FB4586

1. Corporation Name

BYE 1, INC.

Principal Place of Business

Mailing Address

11601 NW. 23 ST
Pembroke Pines FL
33026

11601 N.W. 23 ST
Pembroke P. WES, FL
33026

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERMAN SQUIRE
1071 Belle Aire Dr, West
Pembroke Pines, FL 33027

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: If registered agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EDWARD SQUIRE, Pres.
2703 Day Ave unit #4
Coconut Grove, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SHERMAN SQUIRE, Sec. Treas
1071 Belle Aire Dr, West
Pembroke Pines, FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***365.00 ***365.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(g), 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 at the time of or before the filing, or 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:

SHERMAN SQUIRE 5/13/97 954-438-1530

CR2E034 (9/96)

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BYE 1 INC.

May 12, 1997

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl 32314

Subject: BYE 1, INC.
Ref. NF54586

Attn: Leslie Sellers

Dear Ms Sellers;

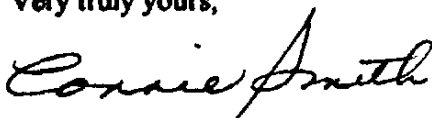
Thank you so much for your immediate response to my request for the annual reports for Bye 1, Inc.

This form was never received by me for the year 1996. Our business moved in 1995 and I put a change of address in with the post office, which was good for one year. After a period of one year, the post office does not forward.

Bye 1 has been a Florida corporation for more than 15 years, and I have always filed the yearly reports. I have corrected the address with you on the phone the other day.

Enclosed is our check in the amount of \$365.00 for the reinstatement of the above mentioned corporation. I want to thank you for your cooperation and understanding.

Very truly yours,



Connie Smith
Controller

11601 N.W. 23rd Street
Phone: (305)-828-4969 Fax: (954)-450-9033