

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000002653 (3)

1. Corporation Name
BID INDUSTRIES, LTD., INC.



Principal Place of Business Mailing Address
C/O STUART S. ROSENTHAL, P.A.
800 E. CYPRESS CREEK ROAD, SUITE 303
FORT LAUDERDALE FL 33334 C/O STUART S. ROSENTHAL, P.A.
800 E. CYPRESS CREEK ROAD, SUITE 303
FORT LAUDERDALE FL 33334-3534

3. Date Incorporated or Qualified 05/23/1994 3a. Date of Last Report 02/20/1996

2. Principal Place of Business 21 555 S.W. 12th Avenue Suite, Apt. #, etc. 22 Suite 101 City & State 23 Pompano Beach, FL Zip 24 33069	2a. Mailing Address 26 555 S. W. 12th Avenue Suite, Apt. #, etc. 27 Suite 101 City & State 28 Pompano Beach, FL Zip 29 33069	4. FEI Number 58-2110376 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---

9. Name and Address of Current Registered Agent

ROSENTHAL, STUART S
SUITE 303
800 EAST CYPRESS CREEK ROAD
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name
Stuart S. Rosenthal, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
555 S. W. 12th Avenue
83 Suite 101
84 City
Pompano Beach FL 85 Zip Code
33069

11. Pursuant to the provisions of Sections 607.0505 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

Stuart S. Rosenthal, Esq.

1/21/97

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	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAOLINO, PAUL	1.2 NAME	
STREET ADDRESS	35 CROYDON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREAT NECK NY 11023	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

PAUL PAOLINO, Pres.

1/31/97

(407) 367-7672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2ED34 (9/96)