

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

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90023 017 ***150.00

0320609

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F98000000840

1. Corporation Name
BADESCH AND ASSOCIATES, LTD. INC.



Principal Place of Business 308 BARCELONA RD WEST PALM BEACH FL 33401	Mailing Address 308 BARCELONA RD WEST PALM BEACH FL 33401
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 328 CONDOVA Rd Suite, Apt. #, etc. 22 City & State 23 West Palm Bch Zip 24 33401 Country 25 Palm Bch		2a. Mailing Address 26 328 CONDOVA Suite, Apt. #, etc. 27 City & State 28 West Palm Beach Zip 29 33401 Country 30 Palm Bch.		3. Date Incorporated or Qualified 02/12/1998	4. FEI Number 36-3352933	Applied For Not Applicable
				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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BADESCH, PHYLLIS
 308 BARCELONA RD
 WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name BADESCH, Phyllis	82 Street Address (P.O. Box Number is Not Acceptable) 328 CONDOVA Rd.	83 West Palm Beach.	84 City West Palm Beach	85 Zip Code FL 33401
------------------------------------	---	-------------------------------	-----------------------------------	--------------------------------

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 *Phyllis U. Badesch* (NOTE: Registered Agent Signature required when reinstating) DATE **5/25/99**

12. OFFICERS AND DIRECTORS

TITLE PCT	<input type="checkbox"/> DELETE
NAME BADESCH, PHYLLIS U	
STREET ADDRESS 308 BARCELONA RD	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE VSD	<input type="checkbox"/> DELETE
NAME BADESCH, SCOTT	
STREET ADDRESS 308 BARCELONA RD	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME BADESCH, Phyllis	
1.3 STREET ADDRESS 328 CONDOVA Rd	
1.4 CITY-ST-ZIP West Palm Beach, FL	
2.1 TITLE VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BADESCH, SCOTT	
2.3 STREET ADDRESS 328 CONDOVA Rd.	
2.4 CITY-ST-ZIP West Palm Bch, FL	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **5/25/99** DAYTIME PHONE: **561 655-2188**

CR2E034 (1/198)