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**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3)H40274 **DOCUMENT #**  Corporation Name BRUCE A. BALES AND COMPANY Mailing Address Principal Place of Business 1635 SOUTH MIAM! ROAD 1635 SOUTH MIAMI ROAD SUITE 2 SUITE 2 FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1985 04/25/1995 4. FEI Number Applied For 2a, Mailing Address 2. Principal Place of Business 59-2495341 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zin Country Ζip Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable BALES, BRUCE A. 82 10861 NW 23RD CT. 83 SUNRISE FL 33322 Zip Code 85 City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE SIGNATURE. Signature, typed or printed halve of registers have diasortific have halve (MOTE: Bay stored Agent Signature r ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 ToTLE TITLE BALES, BRUCE A. 1.2 NAME NAME 10861 NW 23RD CT 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 1.4 CITY - \$1 - ZIF CHY-ST-ZP Add tion Change DELFIE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 (3) Y - ST - ZIP CITY ST-ZIF Change Addit-on DELE!E 3 1 T1J1 F THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZP CITY-ST 20 Change Addition DELETE 4 1 MUF HILE NAM: 4.3 STREET ADDRESS STREET ADDRESS 4.4 OTY - ST - 7(P) CITY - ST - ZIP ☐ Change Addition ☐ DELETE 5 ' TITLE THLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY-ST-ZIF City-ST-ZiF Change Addition DELETE 6 1 T:TLF TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is vountarily 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 it made under cath; 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

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