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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H78612

(9)

BACH & ASSOCIATES, INC.

Mailing Address

FILED Jan 28 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address				I CERTOR ESIF SARRI TATA SIND SIND SIND DIRI RINI RINI RINI RINI RINI RINI R			
315 SPRING VA		315 SPRING VALLEY DR. ALTAMONTE SPGS. FL 32714-5836							
						3. Date incorporated or Qualified 10/01/1985		ate of Last F	Report
	ace of Business	2s. Mailing Address				4. FEI Number		Ar	oplied For
21 2122		26				59-2610674			ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
23 Or Ca	n dv	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
7212	and South	Zip	⊢ —	untry		6. This corporation has liability fo		_	. 199.032,
24 520	25 (Vang	29	30				Yes		
	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New F	egistered	Agent	
	H, SUSAN A.			"	INditie				
315 SPRING VALLEY DR. ALTAMONTE SPGS. FL 32714				82	Street Ac	ddress (P.O. Box Number is Not Accepta	ss (P.O. Box Number is Not Acceptable)		
!				83		• •			
				84	City		FL	85 Zip	Code
office or re agent. Lai SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was ions of, Section 607.0505, F	authorize lorida Sta	ed by stutes	the corpo	orporation submifs this statement for the ration's board of directors. I hereby acc	ept the app	f changing i pointment as	ts registered registered
	Signature, typed or printed name of registered agen			<u>-</u>	nt signature re	quired when reinstating)	DATE	0=6*6	20 11 40
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	PD	☐ DÉLETE		TITLE				Change	Addition
NAME	BACH, SUSAN A.	• •		MAME					
STREET ADDRESS	315 SPRING VALLEY DR.		1		ADDRESS				
C-TY - ST - ZIP	ALTAMONTE SPGS. FL	DELETE		CITY S TITLE	T-ZIP			Change	Addition
TITLE	VP			NAME	ľ			Crange	Addition
NAME STREET ADDRESS	BACH, LARRY A 315 SPRING VALLEY DR.				ADDRESS				
CITY - ST - ZIP	ALTAMONTE SPRINGS FL		- 1		ST-ZIP				
TITLE	ALIAMOITE OF MINOS FE	DELETE	_	TITLE	21-EH			Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		DELETE		TITLE				Change	Addition
NAME			4.2	NAME					
STREET ADORESS			4.3 :	STREET	ADDRESS				
CITY-ST-ZIP			4.41	CITY-S	T-ZIP				
TITLE		DELETE		TITLE				Change	Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-7IP			541	CITY-S	T-ZIP		·····		
TITLE		DELETE	61	TITLE				Change	Addition
NAME			621	NAME	Ī				
STREET ADDRESS			63	STREET	ADDRESS				
CITY ST-ZIP			641	CITY-S		·			
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I do hereby certify that the information supplied with this filting 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 second 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC